



# NORTHERN MARIANAS COLLEGE

OFFICE OF ADMISSIONS & RECORDS

P.O. Box 501250 CK, Saipan MP 96950

237-6768/69/70/71

admissions@marianas.edu

## EARLY ADMISSION PARENTAL PERMISSION FORM

To: Director, Admissions and Records  
Northern Marianas College

I, \_\_\_\_\_ hereby grant permission for  
PRINT NAME OF PARENTS

my/our child, \_\_\_\_\_ to register and enroll at the Northern Marianas  
PRINT NAME OF STUDENT

College (NMC) for the \_\_\_\_\_.  
SEMESTER AND YEAR

## STATEMENT OF UNDERSTANDING

*I / We understand and support this program for it provides valuable knowledge and experience in Postsecondary Education.*

*I / We will be responsible to provide transportation to and from classes while enrolled at NMC.*

*I / We also understand that I am / we are responsible for all tuition fees incurred by my/our child as a result of enrollment through the Early Admission Program.*

\_\_\_\_\_  
Parent/Legal Guardian (Print & Sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian (Print & Sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Acknowledgement (Print & Sign)

\_\_\_\_\_  
Date