



NORTHERN MARIANAS COLLEGE  
**ADMISSION APPLICATION FORM**

*For information or assistance regarding admissions, please contact:*

**Northern Marianas College**  
**Office of Admissions and Records**  
Tel: (670) 234-5498 Ext. 1528 or 1539  
Fax: (670) 235-4967  
Email: [oar@nmcnet.edu](mailto:oar@nmcnet.edu)  
Website: [www.nmcnet.edu](http://www.nmcnet.edu)  
Mailing Address:  
P.O. Box 501250  
Saipan, MP 96950 USA

# Northern Marianas College Admissions Requirements

## RESIDENT STUDENT

### Degree:

1. Complete Admissions Application with \$25 fee
2. Completed NMC Health Evaluation Form
3. Official Certified Transcript (School to School)
4. Copy of Valid Passport

### Non-Degree:

1. Completed Admissions Application with \$25 fee
2. Completed NMC Health Evaluation Form
3. Copy of Valid Passport

## NON RESIDENT STUDENT

### Non-Degree:

1. Completed Admissions Application with \$50 fee
2. Completed NMC Health Evaluation Form
3. Copy of Valid Passport

### Degree:

1. Completed Admissions Application with \$50 fee
2. Completed NMC Health Evaluation Form
3. Official Certified Transcript (School to School)
4. Copy of Valid Passport

## EARLY ADMISSIONS/SPECIAL ADMISSIONS:

Applicant must meet with Early Admissions Counselor before proceeding with requirements:

1. Completed Admissions Application, \$25 Resident Fee or \$50 Non Resident Fee
2. Completed NMC Health Evaluation Form
3. Official Certified Transcript (School to School) GPA of 3.0 or higher (if GPA is below 3.0 but not lower than 2.0, counselor's recommendation is required)
4. Parental Permission Form
5. Copy of Valid Passport

**NOTE: Students seeking F or M Visa MUST indicate a Program of Study. Non-Degree is not a Program of Study. I-20 applicants must meet with the International Counselor/Coordinator for I-20 requirements.**

## Degree & Certificate Programs

Please write your field of study below:

### Bachelor of Science (BS)

Education

*Concentration in:*

- Elementary Education
- Rehabilitation & Human Services
- Early Childhood Education
- Special Education

### Associate in Arts (AA)

Business

Liberal Arts

### Associate in Science (AS)

Nursing

Natural Resource Management

### Associate in Applied Science (AAS)

Business Administration

- Accounting Emphasis
  - Business Management Emphasis
  - Computer Applications Emphasis
- Hospitality Management  
Criminal Justice

### Certification of Completion

Fire Science Technology

### Other

Non-Degree

English Language Institute (ELI)

**PRIMARY MAJOR:**

**(Optional) SECONDARY MAJOR:**

If we do not offer a Program you are interested in, please write it below:

\_\_\_\_\_

High School Activities (Involvement in club(s), student government, sports, etc.):

\_\_\_\_\_



# Northern Marianas College APPLICATION FOR ADMISSION

PLEASE TYPE OR PRINT CLEARLY

<b>Intended Enrollment Status</b>	<input type="checkbox"/> New <input type="checkbox"/> Re-Admission	<input type="checkbox"/> Full Time (12 or more credits) <input type="checkbox"/> Part Time (11 or less credits)	<b>OAR USE ONLY</b> POWER CAMPUS ID# _____
<b>Admission Classification</b>	<input type="checkbox"/> Regular <input type="checkbox"/> Early Admission (High School Student)	<input type="checkbox"/> NMA <input type="checkbox"/> Upward Bound	<input type="checkbox"/> Transferring In <input type="checkbox"/> Non-Degree <input type="checkbox"/> Special Admissions <input type="checkbox"/> Ability to Benefit

<b>SEMESTER</b> <input type="checkbox"/> FALL 20 ____ <input type="checkbox"/> SPRING 20 ____ <input type="checkbox"/> SUMMER 20 ____	U.S. SOCIAL SECURITY NUMBER (Optional) _____	<b>GENDER</b> <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	<b>BIRTHPLACE</b> (Country, State, or Island)	<b>BIRTH DATE</b> Month      Day      Year /      /
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FULL LEGAL NAME (Do not use nicknames. International applicants: Use name as listed on passport.) FAMILY/LAST NAME      FIRST NAME      FULL MIDDLE NAME	PREVIOUS OR OTHER NAMES USED
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**MARITAL STATUS:**  Single  Married  Divorced  Widowed

<b>ETHNICITY/RACE</b> Are you Hispanic or Latino? Yes ___ No ___  What is your race? (May mark more than one) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White	<b>CITIZENSHIP</b> <input type="checkbox"/> U.S. <input type="checkbox"/> U.S. Permanent Resident <input type="checkbox"/> FSM (circle one): Chuuk, Pohnpei, Kosrae, Yap <input type="checkbox"/> Republic of Belau <input type="checkbox"/> Republic of the Marshalls <input type="checkbox"/> Other (specify): _____	<b>FOR NON-U.S. CITIZENS</b> <input type="checkbox"/> I would like to apply for the I-20 <input type="checkbox"/> I Do Not Hold A U.S. Non-Immigrant Visa/Status <input type="checkbox"/> I Do Hold A U.S. Non-Immigrant Visa/Status CURRENT TYPE OF VISA: _____ VISA NUMBER: _____ PASSPORT NUMBER: _____ PASSPORT EXPIRATION DATE: _____ <b>*Please enclose a copy of your valid Passport and I-94 with this application.</b>
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CURRENT MAILING ADDRESS	CITY/PROVINCE	STATE/COUNTRY	ZIP CODE
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PERMANENT OR FOREIGN MAILING ADDRESS (International students <b>must</b> provide an overseas address)	CITY/PROVINCE	STATE/COUNTRY	ZIP CODE
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PLACE OF EMPLOYMENT and POSITION TITLE  <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	CURRENT TELEPHONE (    )	PERMANENT TELEPHONE (    )	FAX NUMBER (    )	EMAIL ADDRESS
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**NMI Descent** (Is one of your parents either Chamorro or Carolinian?)  Yes  No (If yes, indicate  Chamorro  Carolinian  Chamolinian)

Are you a veteran of the U.S. Armed Forces? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please indicate which branch of the U.S. Armed Forces.) _____ Are you a retiree? <input type="checkbox"/> No <input type="checkbox"/> Yes	(Optional) Person authorized by you to access information regarding your application status: Name: _____ Relationship: _____
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NAME OF HIGH (SECONDARY) SCHOOL FROM WHICH YOU GRADUATED	STATE or COUNTRY	GRADUATION DATE (MM/YY)
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IF GED COMPLETED, STATE WHERE GED EARNED	STATE or COUNTRY	GRADUATION DATE (MM/YY)
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**SUMMARY OF ALL COLLEGES/UNIVERSITIES ATTENDED.** Provide an official transcript from each institution. (Use additional sheet if necessary). List most recent first, regardless of the length of attendance. International applicants: List actual name of degree received or expected, **DO NOT** translate or interpret in terms of U.S. equivalent.

FULL NAME OF INSTITUTION (Do not use initials)	LOCATION (City, state or country)	START (MM/YY)	END (MM/YY)	MAJOR / PROGRAM OF STUDY	DEGREE OR DIPLOMA RECEIVED OR EXPECTED	DATE RECEIVED OR EXPECTED (MM/YY)

