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
Website: 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

Non-Degree:
1. Completed Admissions Application with $25 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

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

PRIMARY MAJOR:

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)

(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.):
### Application for Admission

**PLEASE TYPE OR PRINT CLEARLY**

<table>
<thead>
<tr>
<th>Intended Enrollment Status</th>
<th>OAR USE ONLY</th>
<th>POWER CAMPUS ID#</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ New</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Re-Admission</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Full Time (12 or more credits)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Part Time (11 or less credits)</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Admission Classification</th>
<th>☐ Regular</th>
<th>☐ NMA</th>
<th>☐ Transferring In</th>
<th>☐ Non-Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Early Admission</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(High School Student)</td>
<td></td>
<td></td>
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<tr>
<td>☐ Upward Bound</td>
<td></td>
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<tr>
<td>☐ Special Admissions</td>
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<tr>
<td>☐ Ability to Benefit</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>SEMESTER</th>
<th>U.S. SOCIAL SECURITY NUMBER (Optional)</th>
<th>GENDER</th>
<th>BIRTHPLACE (Country, State, or Island)</th>
<th>BIRTH DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ FALL 20</td>
<td>_________________________</td>
<td>☐ MALE</td>
<td>_____________________________</td>
<td>Month / Day / Year</td>
</tr>
<tr>
<td>☐ SPRING 20</td>
<td>______________________</td>
<td>☐ FEMALE</td>
<td>________________________________</td>
<td></td>
</tr>
<tr>
<td>☐ SUMMER 20</td>
<td>____________________</td>
<td></td>
<td>_______________________________</td>
<td></td>
</tr>
</tbody>
</table>

**FULL LEGAL NAME**

<table>
<thead>
<tr>
<th>FAMILY/LAST NAME</th>
<th>FIRST NAME</th>
<th>FULL MIDDLE NAME</th>
</tr>
</thead>
</table>

**MARITAL STATUS:** ☐ Single ☐ Married ☐ Divorced ☐ Widowed

**ETHNICITY/RACE**

<table>
<thead>
<tr>
<th>☐ American Indian/Alaskan Native</th>
<th>☐ Asian</th>
<th>☐ Black or African American</th>
<th>☐ Hispanic</th>
<th>☐ Native Hawaiian/Other Pacific Islander</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ White</td>
<td></td>
<td></td>
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</tbody>
</table>

**Citizenship**

<table>
<thead>
<tr>
<th>☐ U.S.</th>
<th>☐ U.S. Permanent Resident</th>
<th>☐ FSM (circle one: Chuuk, Pohnpei, Kosrae, Yap</th>
<th>☐ Republic of Belau</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Other (specify): ____________________</td>
<td>☐ Republic of the Marshalls</td>
<td>☐ Other (specify): _________________________</td>
<td></td>
</tr>
</tbody>
</table>

**FOR NON-U.S. CITIZENS**

<table>
<thead>
<tr>
<th>☐ I would like to apply for the I-20</th>
<th>☐ I Do Not Hold A U.S. Non-Immigrant Visa/Status</th>
<th>☐ I Do Hold A U.S. Non-Immigrant Visa/Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CURRENT TYPE OF VISA: __________________________</td>
<td>VISA NUMBER: ______________________________</td>
</tr>
<tr>
<td></td>
<td>PASSPORT NUMBER: ______________________________</td>
<td>PASSPORT EXPIRATION DATE: ___________________</td>
</tr>
</tbody>
</table>

**CURRENT MAILING ADDRESS**

<table>
<thead>
<tr>
<th>CITY/PROVINCE</th>
<th>STATE/COUNTRY</th>
<th>ZIP CODE</th>
</tr>
</thead>
</table>

**PERMANENT OR FOREIGN MAILING ADDRESS**

<table>
<thead>
<tr>
<th>CITY/PROVINCE</th>
<th>STATE/COUNTRY</th>
<th>ZIP CODE</th>
</tr>
</thead>
</table>

**PLACE OF EMPLOYMENT and POSITION TITLE**

<table>
<thead>
<tr>
<th>CURRENT TELEPHONE</th>
<th>PERMANENT TELEPHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>()</td>
<td>()</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>☐ Full-time</th>
<th>☐ Part-time</th>
</tr>
</thead>
</table>

**NMI Descent**

<table>
<thead>
<tr>
<th>☐ Yes</th>
<th>☐ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>(If yes, indicate which branch of the U.S. Armed Forces.)</td>
<td>(Optional) Person authorized by you to access information regarding your application status:</td>
</tr>
<tr>
<td>Name:</td>
<td>Relationship:</td>
</tr>
</tbody>
</table>

**NAME OF HIGH (SECONDARY) SCHOOL FROM WHICH YOU GRADUATED**

<table>
<thead>
<tr>
<th>STATE or COUNTRY</th>
<th>GRADUATION DATE (MM/YY)</th>
</tr>
</thead>
</table>

**IF GED COMPLETED, STATE WHERE GED EARNED**

<table>
<thead>
<tr>
<th>STATE or COUNTRY</th>
<th>GRADUATION DATE (MM/YY)</th>
</tr>
</thead>
</table>

**SUMMARY OF 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.

<table>
<thead>
<tr>
<th>FULL NAME OF INSTITUTION (Do not use initials)</th>
<th>LOCATION (City, state or country)</th>
<th>START (MM/YY)</th>
<th>END (MM/YY)</th>
<th>MAJOR / PROGRAM OF STUDY</th>
<th>DEGREE OR DIPLOMA RECEIVED OR EXPECTED</th>
<th>DATE RECEIVED OR EXPECTED (MM/YY)</th>
</tr>
</thead>
</table>
Reason for Enrolling (Check all that apply):
- Work toward a certificate or degree
- Get a degree and transfer to another school
- Take classes and transfer to another school before getting a degree
- Prepare to get a job
- Improve skills for present job
- Make a career change
- Study English as a Second Language
- Take courses for PSS Certification (Specify): …
- Personal interest or self-improvement
- Other (specify): …

The language(s) used at your home:
1. ____________________________ 2. ____________________________ 3. ____________________________

What language do you speak most often? ____________________________

How did you learn about the Northern Marianas College? Check all that apply:
- a. NMC Web site
- b. NMC Alumni
- c. NMC Faculty
- d. NMC Brochure
- e. NMC Recruitment Fair
- f. Newspaper/Advertisement
- g. Parent
- h. Friend
- i. Other ________________

EMERGENCY CONTACT INFORMATION:
Name ____________________________ Phone Number(s) ____________________________ Relationship ____________

CERTIFICATION OF APPLICANT
I hereby certify that the answers and responses for all items on this application form are complete and true to the best of my knowledge. I understand that providing incomplete, incorrect, or false information may result in the denial of admission and subject me to the disciplinary measures as provided under the College's Student Code.

Signature of Applicant ____________________________ Date ____________

This section must be completed by the Office of Admissions and Records before proceeding to Finance Office for Admission Application payment.

OAR OFFICE USE ONLY
Residency Status: __RE__NR
Re-admissions Verification: __Yes__No
Health Certificate Received: __Yes__Pending
Official Transcript Received: __Yes__Not Required__Pending
Application Fee Waived: __Yes__No
Waived by: ____________________________
Date Entered: ________________________
Event: ________________________________

FINANCE OFFICE USE ONLY
Application Fee: $25 $50
Receipt No: ________________ Received By: ________________

EARLY AND SPECIAL ADMISSIONS (Counseling Programs & Services)

DOCUMENTS NEEDED:
- Early Admissions
- Special Admissions
- Health Certificate Form
- Official Transcript GPA of 3.0 or higher (if GPA is below 3.0, counselor’s recommendation is required)
- Parental Permission Form
- Authorization to Release Information Form
- English Placement/Math Placement

Application Received & Reviewed By: Early Admissions Counselor Date ____________

INTERNATIONAL STUDENT ADMISSIONS
Application Received By: ____________ Date Application Received: __/__/____ Reviewed: __Yes__No
Requirements Completed: __Yes__No
Application APPROVED By: International Student Counselor Date ____________