



COLLEGE OF MICRONESIA-FSM
Office of Admissions and Records

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P.O. Box 614
Koloniar, Pohnpei FM 96941
Phone:(691)-320-3799

CHUUK CAMPUS
P.O. Box 879

Weno, Chuuk FM 96942

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P.O. Box 37
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P.O. Box 286

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Phone:(691)-350-2296

FSM-FMI

P.O. Box 1056
Colonia, Yap FM 96943
Phone:(691)-350-5244

WITHDRAWAL CARD (For Instructor Use)				<input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall			Year
Name (Last Name, First Name, Middle Name)				2 Campus or Site		3 Date	
COURSE NO.	COURSE TITLE	CREDIT	INSTRUCTOR	ROOM	DAY	TIME	
4 Student has returned all books and materials <input type="checkbox"/> YES <input type="checkbox"/> NO			5 Instructor (Signature over printed name) _____				
			Date _____				
Return the Withdrawal Card to the Office of Admissions and Records							
RECORDED BY		JOB TITLE		DATE RECORDED			



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