Reactivation/Readmission Application for Undergraduate Admission



This form is for you if one of the following categories applies:

Please check only one from "A" or "R"

Office use only:

Tiease check only one nom A	OI D						
B. Readmission ☐ You received an un	M within the last year Indergraduate degree f	rom USM and are pu	lasses as a degree (matriculate rsuing a second undergraduate udent and stopped attending for	degree	years		
If none of these categories apply, use a TTY (207) 780-5646, or by accessing it			standard application by calling (207) 7	'80-5670 or 1-800-800-4USM	X5670;		
I am applying for: Fall 20	Spring 20	Summer 20	I will attend: 🗖 full-time	☐ part-time			
Print name in full			First	Middle			
Preferred first name			Gender (opt	ional): 🗖 female 💢 ma	ale unspecified		
Social Security Number*	_	_	Name used on previous re	cords			
*We need your SSN to process your fina					den name)		
Permanent mailing address:							
Street		City	State/Province		Zip/Postal Code Country		
E-mail address			City/State/Prov. of legal resid	dence			
	ome phone ()						
Are you a legal resident* of M *Lived in Maine for 12 consecut					ed.		
Current mailing address: Mail	ing address end date:	//	-				
Street		City	State/Province		Zip/Postal Code Country		
Date of birth (mm/dd/yy)	Country of b	irth	Are you a U.S. citizen?	? □ Yes □ No			
Country of citizenship							
If you are a US Permanent Resid (Optional) Language spoken at h (Optional) Please indicate if you (Optional) Please select one or n American Indian or Alaska Na	nome are Hispanic/Latino: C nore of the following r	Yes No	Are you of Franco-Aescribe yourself:	merican heritage? 🗖 Yes	□ No White		
Intended academic major? F	irst choice						
S	econd choice						
Housing plans: Residence H	lall 🗖 Off campus						

HIGH SCHOOL INFORMATION: Please indicate all h	igh schools and postgradua	ate high schools you h	nave attende	ed.					
Complete School Name	City	State	From M	From Mo/Yr		Gradua	Graduation Date		
Did you receive your high school equivalency diplom	a through the GED examina	ation? 🗆 Yes 🕒 No	Month/Yea	ar awarde	ed/	· ·			
COLLEGE INFORMATION: University policy requires list in the order of enrollment, with most recent colle enrollment may have consequence as serious as rev	ge first including USM and	all University of Main	e System ca						
Complete College Name	City	State	Full or Part Time	From Mo/Yr	To Mo/Yr	Graduation Date	# Credits Attempted		
			+						
			-1	<u> </u>	ļ	1	ļ		
Are you a veteran? ☐ Yes ☐ No	re you eligible for veteran's	s benefits? □ Yes □	1 No						
	, ,								
Important: Essay/Personal Statement. Please att You should also include a resume, any work experien	-								
Attach a separate sheet along with your completed a		a/or community corvi	oo portoriilo	u 011100 0	ippiying to	OOWI.			
My signature below verifies that the information I has attended another campus in the University of N									
record electronically.	, . g p		g						
Applicant's Signature	Date								
7 Applicant o dignaturo									
Please send application and all supporting documen	ts to:	University of Maine	e System						
The state of the s		Application Processing Center							
		PO Box 412 Bangor, ME 04402	2-0412						

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