

University of Southern Maine Early Study Application



UNIVERSITY OF
SOUTHERN MAINE

General Information

Print name in full _____
Last Name First Name Middle Name

Social Security Number* _____ - _____ - _____ Date of Birth _____

*Your social security number (SSN) is your USM id#

Home mailing address _____
Street City State Zip/Postal Code

E-mail Address _____

Home phone (_____) _____ Preferred phone (_____) _____

Name of High School _____ Year: Junior Senior Home Schooled

Have you previously participated in the Early Study Program at USM? _____

Anticipated date of high school graduation _____

Course Selections

Semester requested Fall 20____ Spring 20____ (not available in the summer) Total number of courses wanted _____

Course name, number, day, time, and campus

1 _____

Alternate _____

2 _____

Alternate _____

3 _____

Alternate _____

Students who require accommodations to participate in USM courses should contact the Office of Support for Students with Disabilities at 780-4706.

Please note that math and English courses require either minimum SAT scores (math 480; critical reading 550), **or** successful completion of USM's placement exam.

Attach most recent high school transcript reflecting grade point average. If you have taken SATs, please include the scores.

Participation Approval

Applicant is interested in pursuing coursework at USM. Signature denotes student:

- Has minimum cumulative GPA of **B** (documented on attached high school transcript)
- Will be a junior or senior at time of requested semester
- Has support from high school for enrollment in Early Study for semester noted on reverse side
- Is prepared for a college environment and atmosphere. (If homeschooled, transcript must reflect readiness for Junior/Senior level course work and must be at least age 16)

Principal/Guidance Counselor/Homeschool Official: _____ Date _____

Release and Authorization

I understand that I am registering for a course (or courses) at USM and I assume full responsibility for expenses I incur as a result of this registration (tuition reduction/waivers may apply in some cases). I also authorize USM to forward my USM grades to my high school guidance counselor, or homeschool official, if requested.

Student signature: _____ Date: _____

Parent/guardian signature* _____ Date: _____

*If student is under 18, parent/guardian signature IS REQUIRED. Signature is indication of parent / guardian's approval and willingness to assume responsibility for expenses incurred by their son/daughter.

Office Use Only

Approved by _____ Date _____

Please return to the USM campus/location where requested course will be offered.

PORTLAND/GORHAM

JEAN KERRIGAN

Advising Services, 119 Payson Smith Hall
P.O. Box 9300
Portland, ME 04104-9300
(207) 780-4040 or 1-800-800-4USM
Fax (207) 780-4631
kerrigan@usm.maine.edu

LEWISTON

IRIS GUILLEMETTE

Lewiston Auburn College
51 Westminster St.
Lewiston, ME 04240
(207) 753-6617 or 1-800-800-4USM
Fax (207) 653-6555
irisg@usm.maine.edu

SANFORD

CINDY YOUNG

University College at Sanford
21 Bradeen St.
Sanford, ME 04073
(207) 324-6012 or 1-800-696-3075
Fax (207) 490-2478
cyoung@maine.edu

SACO

WENDY GOODWIN

University College at Saco/Biddeford
110 Main Street
Saco, ME 04072
(207) 282-4111 or 1-800 -696-3391
Fax (207) 283-9865
wcole@maine.edu

BATH

DENNIS UNGER

University College at Bath-Brunswick
9 Park Street
Bath, ME 04530
(207) 442 7736 or 1-800-696-2329
Fax (207) 442 7737
unger@maine.edu