



UNIVERSITY OF  
**SOUTHERN MAINE**  
Office or  
Department

**Name**  
Title

campus location  
phone  
e-mail address

Date \_\_\_\_\_

To \_\_\_\_\_

- For your information
- For your appropriate action
- Please advise me
- Please sign and return
- Please comment and return
- Please read and forward to:

\_\_\_\_\_  
Remarks: