Registration Worksheet
University of Southern Maine

Semester (check one) __ FALL __ SPRING __ SUMMER Date___/____/___

Name _____ ____/____/____
Last First Middle Identification number

Home Address _____ ___/____/____
Street Phone Number

_____ _____
City/Town State Zip Code

Local Address _____
Street City/Town Zip Code

Birthdate ____/____/____/ __ Male __ Female

Is this your first registration at USM? _____ Is this a new local address? ___
Home address? ___
Have you resided in Maine, for purposes other than education, during the twelve consecutive months immediately prior to enrollment? ____ Yes ____ No

Course Schedule

CRN	DEPARTMENT	NUMBER	PASS/FAIL	AUDIT	CREDITS
ie: P1234	**ENG**	**120H**			**3**

Total Credits _____

Deans signature required if over 18 credits _____

Alternative Courses
(if above courses are unavailable) or (additional space for Music classes)

CRN	DEPARTMENT	NUMBER	PASS/FAIL	AUDIT	CREDITS

Advisor's Approval _____