



Re-admit Form

Student Name

Previous Name

Student ID#

Date of Birth

Permanent Home Address:

Street

City State Zip

Email

Local Address:

Street

City State Zip

Cell Phone Local Phone

Attendance at UMM (Machias only):

From Month Year To Month Year Major

Reason for Leaving

Have you ever been dismissed from, or suspended by, any institution in the University of Maine System or any other college or university for any reason? Yes No

If yes, please explain

List institutions attended since last at UMM. Forward all official transcript(s) to the Office of Student Records.

Semester Returning: Term Year Online In Person

College (Program) Applying to

Major (Plan) BA BS BCS AA AS CERT

Concentration (Subplan)

Minor(s)

OFFICE USE ONLY

Program Req. Term _____ Plan Req. Term _____ Minor Req. Term _____ Academic Standing _____

Approved by: Div. Chair

AVPAA

Other as Required

Advisor Assigned

Processed by Date Processed