



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 UMaine (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 Registrar's Office.

Semester Returning: Term <input type="text"/> Year <input type="text"/>	Online	In Person
College (Program) Applying to <input type="text"/>		
Major (Plan) <input type="text"/>	BA	BS BCS AA AS CERT
Concentration (Subplan) <input type="text"/>		
Minor(s) <input type="text"/>		

OFFICE USE ONLY

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

Approved by: Div. Chair
 AVPAA
 Other As Required
 Advisor Assigned

Processed by Date Processed _____