

# Re-admit Form

Student Name

Student ID#

Previous Name

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)

Concentration (Subplan)

Minor(s)

☐

BA

☐

BS

☐

BCS

☐

AA

☐

AS

☐

CERT

## 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