



Re-admit Form

Use Dark Blue or Black ink only.

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 (Orono 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 UMaine. 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 BFA BM BUS CERT
 Concentration (Subplan)
 Minor(s)

OFFICE USE ONLY

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

Approved by: Dept. Chair
 Assoc Dean/Dir
 Minor Dept
 Advisor Assigned

Processed by Date Processed