



Re-admit Form

Use Dark Blue or Black ink only.

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

Approved by: Dept. Chair

Assoc Dean/Dir

Minor Dept

Advisor Assigned

Processed by

Date Processed