

Request for High School Academic Records



Maine's
Public
Universities

To the Applicant:

Request an official high school transcript be sent to the University of Maine System Application Processing Center, address noted below. Transfer applicants are not required to submit a high school recommendation. **You must contact all colleges & other postsecondary schools attended to request official transcripts be forwarded to the Application Processing Center as noted below.**

UNIVERSITY OF MAINE SYSTEM

Applicants who hold a **General Equivalency Diploma** must have their previous high school record(s) and an official copy of the GED Test results forwarded. **Homeschooled applicants** may be required to submit a GED along with the home school record.

Print name in full _____
Last First Middle Name used on previous record (e.g., maiden)

Social Security Number* _____ - _____ - _____ * *Your social security number (SSN) is used to verify your identity for administrative, financial aid, and campus employment purposes. We need your SSN to process your financial aid. If not provided on your admission application, you will be required to provide it at a later date.*

Home Mailing Address _____
Street City State Zip

Home Telephone () _____

Intended academic major _____ Associate's Bachelor's Certificate

High school graduation date _____

Senior year course schedule or, for transfer applicants, current college schedule:

First Semester/Trimester:	Second Semester/Trimester:	Third Trimester:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

AUTHORIZATION TO RELEASE RECORDS

I give permission to my high school to release my academic record(s) and standardized test scores to the UMS Application Processing Office for my admission application(s) to the universities indicated below.

Applicant's Signature _____ Date _____

To the School Counseling Office:

Please forward ONE SET of my official school records, including SAT/ACT scores, GED results, and letters of recommendation to the Shared Processing Center. Mailing address:

Application Processing, University of Maine System, P.O. Box 412, Bangor, ME 04402-0412

I am applying to the following universities (check boxes as appropriate):

- | | |
|---|--|
| <p><input type="checkbox"/> The University of Maine (Code # 3916)
www.umaine.edu • (877) 4UM-ADMIT (486-2364)</p> <p><input type="checkbox"/> University of Maine at Augusta (Code # 3929)
www.uma.maine.edu • (877) UMA-1234</p> <p><input type="checkbox"/> University College of Bangor (Code # 3929)
www.uma.maine.edu • (207) 262-7800</p> <p><input type="checkbox"/> University of Maine at Farmington (Code # 3506)
www.farmington.edu • (207) 778-7050</p> | <p><input type="checkbox"/> University of Maine at Fort Kent (Code # 3393)
www.umfk.maine.edu • (888) TRY-UMFK (879-8635)</p> <p><input type="checkbox"/> University of Maine at Machias (Code # 3956)
www.umm.maine.edu • (888) GoTo-UMM (468-6866)</p> <p><input type="checkbox"/> University of Maine at Presque Isle (Code # 3008)
www.umpi.maine.edu • (207) 768-9532</p> <p><input type="checkbox"/> University of Southern Maine (Code # 3691)
www.usm.maine.edu/admit • (800) 800-4USM</p> |
|---|--|

Please attach **ONE SET** of official academic records which includes GPA, rank-in-class, grading system, test scores and other applicable information and mail it to UMS Application Processing Center (address on reverse side). Only one set of records is needed for multiple UMS applications. Please include a school profile with the academic records.

If the information below is not included on the transcript or school profile, please complete:

Class rank: _____ of _____ based on _____ semesters

The rank is weighted unweighted How many students share the rank? _____

This GPA is weighted unweighted. The school's passing mark is: _____ The highest grade/GPA in the class is _____

Percentage of graduating class attending: _____ four year _____ two year institutions.

Cumulative Grade Point Average _____ based on a _____ scale, covering a period from _____ to _____
mo / yr mo / yr

Grading system: A _____ B _____ C _____ D _____

Academic Calendar: Semester Trimester Quarter Block

Rigor of this student's academic program: Least Demanding Average Demanding Most Demanding

Counselor Statement:

The UMS Admission Offices are particularly interested in information that you believe will be of assistance in the consideration of the applicant for each program to which he/she is applying in the University of Maine System. While a general recommendation may be acceptable for most academic programs, a more specific recommendation, speaking to the applicant's special qualities and abilities for particular programs may be appropriate. Check box(es) below and complete the bottom of the page.

- Please accept the enclosed teacher recommendation in lieu of the counselor recommendation.
- Please use this recommendation for ALL University of Maine System applications for this student.
- Please use this recommendation ONLY for _____.
(UMS university and/or academic program)

	Prefer not to make a recommendation	Fair	Average	Strong
1. For academic promise	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. For motivational and personal promise	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. Overall recommendation	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Counselor Signature _____

Position _____

Print name _____

High School _____

Length of time acquainted with student _____

College Board Code # _____

Counselor e-mail _____

High School Address _____

Date _____

Guidance office telephone number _____

Guidance office fax number _____