

# ADMISSION REPLY FORM

Office of Graduate Admissions  
University of Southern Maine

I, \_\_\_\_\_, \_\_\_\_\_  
NAME (PLEASE PRINT, SIGNATURE REQUIRED BELOW) STUDENT ID NUMBER (OR SSN)

accept admission to the graduate program in \_\_\_\_\_

for the Fall  Winter  Spring  Summer  semester in the year 20\_\_\_\_  
(MFA only)

under the conditions as stated in my letter of acceptance.

I do not accept the above offer of admission.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

**Please return 2 copies to the Office of Graduate Admissions, University of Southern Maine, P.O. Box 9300,  
Portland, ME 04104-9300.**

**Keep the third copy for your records.**

Graduate Admissions – white; Department – yellow; Student – pink



UNIVERSITY OF  
SOUTHERN MAINE

Office of Graduate Admissions fax #: 780-4969