

Application for Undergraduate Admission

You are strongly encouraged to use the application on the web at <http://apply.maine.edu>.
You may use this form as a worksheet for the web application, or you may submit this paper application to the University of Maine System Application Processing Center.

OFFICE USE
ONLY:
Application Fee

Print name in full _____
Last Name First Name Middle Name

Preferred first name _____ Gender (optional): ☐ female ☐ male

Social Security Number* _____ - _____ - _____ Name used on previous records: _____

*Your social security number (SSN) is used to verify your identity for administrative, financial aid, and campus employment purposes. (e.g., maiden)
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.

Permanent mailing address _____
Street City State/Province Zip/Postal Code Country

E-mail Address _____ City/State/Prov. of legal residence _____

Home phone () _____ Cell phone () _____ Preferred phone () _____

Are you a legal resident* of Maine? ☐ Yes ☐ No If yes, date you became a legal resident _____

*lived in Maine for 12 consecutive months, for purposes other than education. Proof may be required.

Current mailing address _____

Mailing address end date: ____/____/____ Street City State/Province Zip/Postal Code Country

Date of Birth (mm/dd/yy) ____/____/____ Country of Birth _____ Are you a U.S. Citizen? ☐ Yes ☐ No

Country of Citizenship _____

If you are a U.S. Permanent Resident, indicate alien registration number on your Permanent Resident Card. A# _____

(Optional) Language spoken at home _____ Are you of Franco-American heritage? ☐ Yes ☐ No

(Optional) Please indicate if you are Hispanic/Latino: ☐ Yes ☐ No

(Optional) Please select one or more of the following racial categories to describe yourself:

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White

Check the University(ies) to which you are applying. Enclose \$40 for EACH campus checked.

Intended Majors

	1st Choice Major	2nd Choice Major		
<input type="checkbox"/> University of Maine (Orono)	_____	_____	<input type="checkbox"/> Residence Hall	<input type="checkbox"/> Off-Campus
<input type="checkbox"/> University of Maine at Augusta	_____	_____	(no housing offered)	
<input type="checkbox"/> University of Maine at Farmington	_____	_____	<input type="checkbox"/> Residence Hall	<input type="checkbox"/> Off-Campus
<input type="checkbox"/> University of Maine at Fort Kent	_____	_____	<input type="checkbox"/> Residence Hall	<input type="checkbox"/> Off-Campus
<input type="checkbox"/> University of Maine at Machias	_____	_____	<input type="checkbox"/> Residence Hall	<input type="checkbox"/> Off-Campus
<input type="checkbox"/> University of Maine at Presque Isle	_____	_____	<input type="checkbox"/> Residence Hall	<input type="checkbox"/> Off-Campus
<input type="checkbox"/> University of Southern Maine	_____	_____	<input type="checkbox"/> Residence Hall	<input type="checkbox"/> Off-Campus

If off-campus, indicate site/center _____ TOTAL Fees Enclosed \$ _____

Make check payable to University of Maine System.

I plan to attend: September 20__ January 20__ Summer (UMA,UMF,UMFK,UMM only) 20__ I will attend: ☐ full-time ☐ part-time

I have previously applied to _____ as a degree candidate Year _____ ☐ No previous application

Intended degree: Major 1: ☐ Bachelor's ☐ Associate ☐ Certificate Major 2: ☐ Bachelor ☐ Associate Degree ☐ Certificate

If applying to a university offering Business; Elementary, Secondary, or Special Education; Fine Arts; International Affairs; or Music, indicate the specific course of study or option within your intended major _____

Pre-professional options: If applying to a university offering any of the following pre-professional programs, please indicate your interest:

☐ Pre-Dental ☐ Pre-Law ☐ Pre-Medicine ☐ Pre-Optometry ☐ Pre-Pharmacy ☐ Pre-Veterinary

Pre-professional advising options are not majors; please indicate an intended academic major above.

High School Information: Please indicate all high schools and post graduate high schools you have attended.

Complete School Name	City, State	From (mm/yy)	To (mm/yy)	Graduation Date

Did you receive your high school equivalency diploma through the GED examination? ☐ Yes ☐ No Month/year awarded _____

College Information: University policy requires **full disclosure** of **all** colleges and other postsecondary schools attended. Please list in the order of enrollment, with **most recent college** first, including all UMS campuses.

Complete School Name	City, State	From (mm/yy)	To (mm/yy)	Graduation Date	# Credits Attempted

00 ____ College Board Code for **most recent college** attended.

College credit hours attempted _____ Degrees earned _____ ☐ Member of Phi Theta Kappa

Relatives who attend and/or have attended a University of Maine System university.

Name/Relationship	University	Dates attended	Graduation date

Required for students under 24 years of age.

Parent's name _____

Last	First	Middle

Home (legal address) _____

Street	City	State	Zip/Postal Code

Occupation/Title _____ Email _____

Employer _____

Name	City	State

Colleges attended by parent _____ Degree earned _____

_____ Degree earned _____

Parent's name _____

Last	First	Middle

Home (legal address) _____

Street	City	State	Zip/Postal Code

Occupation/Title _____ Email _____

Employer _____

Name	City	State

Colleges attended by parent _____ Degree earned _____

_____ Degree earned _____

Please identify legal guardian(s) _____

Legal address _____

Standardized Tests: Please review individual university brochures to determine entrance test requirements. Applicants should have official test score reports sent directly from the testing service.

Test date of SAT	Junior year <input type="checkbox"/> month _____ year _____	Senior year <input type="checkbox"/> month _____ year _____
ACT	Junior year <input type="checkbox"/> month _____ year _____	Senior year <input type="checkbox"/> month _____ year _____
TOEFL	Test date month _____ year _____	Test date month _____ year _____

MANDATORY RESPONSE REQUIRED:

Have you ever been found responsible for a disciplinary violation at an educational institution you have attended from 9th grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct, that resulted in your suspension, removal, dismissal or expulsion from the institution? ☐ Yes ☐ No

Have you ever been convicted of a misdemeanor, felony or other crime, or adjudicated of committing a juvenile crime? ☐ Yes ☐ No

If you answered yes to either or both questions, please attach a separate sheet of paper that gives the approximate date of each incident and explains the circumstances.

Additional Information: Are you a veteran? ☐ Yes ☐ No _____

Are you eligible for veteran's benefits? ☐ Yes ☐ No

If you have been out of high school or college for more than six months, please tell us how you spent this time. Adult students should list work and life experience (or submit a resume) and should also list any additional course work completed, such as adult education courses, military training, and professional/personal development courses. Please attach a separate sheet.

How did you first learn about the university(ies) to which you are applying? (*list each University and how you heard*)

Note: If there is any additional information about you or your family that may be helpful as we evaluate your application, please attach a separate sheet to provide us with this information.

Application Essay: Please submit a personal essay regarding your academic goals and objectives, or on a subject of personal choice. **Attach a separate sheet along with your completed application. (Put your name on each page.)** University of Maine at Augusta applicants are not required to submit an application essay. For USM, UM, UMM, and UMF, essay must be 250 words or more.

My signature below verifies that the information I have reported on this application is complete and factually correct. If I am a transfer applicant who has attended another university in the University of Maine System, I give permission for the Office of Admission to request my academic record electronically.

Applicant's Signature

Date

Application materials received in the Office of Admission become the property of the University of Maine System and the university to which the student is seeking enrollment. University policy requires these records be retained and not returned to the applicant nor forwarded or released to a third party outside the University of Maine System.

Mail to: Mail this completed application and the appropriate application fee(s) to:

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

If you have questions about the application process, contact each university's Office of Admission.

For your information:

- **Maine State Law** requires that all full-time and degree-seeking part-time students born after 1956 show proof of adequate immunization against measles (rubeola), rubella, diphtheria, mumps and tetanus. Students will be notified by the university they plan to attend concerning required documentation.
- **Americans with Disabilities Act.** University of Maine System universities are prepared to assist students with disabilities. If you have a disability and would appreciate help in eliminating a barrier to your admission or subsequent campus experience, please write or call the Admissions Office at the university to which you are applying. All information disclosed will be considered confidential. Should you require accommodations to complete this application, contact the Admissions Office to which you are applying.
- **Clery Act.** The Clery Act requires universities to disclose three-year statistics regarding campus crime, including public property within, or immediately adjacent to and accessible from the campus. This report includes our policies for campus security, such as those concerning alcohol and drug use, crime prevention, the reporting of crimes, sexual assault, and other matters. You can obtain a copy of this report by contacting each of the campuses to which you are applying. The report is available on each campus website.
- **Equal Opportunity Policy.** In complying with the letter and spirit of applicable laws and pursuing its own goals of diversity, the University of Maine System shall not discriminate on the grounds of race, color, religion, sex, sexual orientation, including transgender status or gender expression, national origin, citizenship status, age, disability, or veteran's status in employment, education, and all other areas of the University System. The University provides reasonable accommodations to qualified individuals with disabilities upon request.

Questions and complaints about discrimination in any area of the University should be directed to the campus Equal Opportunity Director; for contact information visit <http://www.maine.edu/system/hr/eoo.php>.

SCHOOL/WORK/COMMUNITY ACTIVITIES (NOT REQUIRED FOR ADULT STUDENTS)

Each university in the University of Maine System has many opportunities to participate in student life activities. Based on information provided in this section, contact may be made by the university campus you plan to attend concerning your interest in student organizations.

Work Experience (indicate number of hours per week)	Summer	School year	Grades participated				
			9	10	11	12	PG

Community/Volunteer/Work Activities (indicate number of hours per week)	Grades participated					Participate in college?
	9	10	11	12	PG	

School Clubs and Activities	Offices held	Grades participated					Participate in college?
		9	10	11	12	PG	

Honors and Awards	Offices held	Grades participated					Participate in college?
		9	10	11	12	PG	

Music, Theatre, Visual Arts	Productions, instrument played or offices held	Grades participated					Participate in college?
		9	10	11	12	PG	

Publications (Yearbook, newspaper)	Positions held	Grades participated					Participate in college?
		9	10	11	12	PG	

Athletics	Position, varsity letter	Grades participated					Participate in college?
		9	10	11	12	PG	

Hobbies or Special Interests

Request for High School Academic Records



Maine's
Public
Universities

UNIVERSITY OF MAINE SYSTEM

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.**

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):

- ☐ **The University of Maine** (Code # 3916)
www.umaine.edu • (877) 4UM-ADMIT (486-2364)
- ☐ **University of Maine at Augusta** (Code # 3929)
www.uma.edu • (877) UMA-1234
 - ☐ **University College of Bangor** (Code # 3929)
www.uma.edu • (207) 262-7800
- ☐ **University of Maine at Farmington** (Code # 3506)
www.farmington.edu • (207) 778-7050

- ☐ **University of Maine at Fort Kent** (Code # 3393)
www.umfk.maine.edu • (888) TRY-UMFK (879-8635)
- ☐ **University of Maine at Machias** (Code # 3956)
www.umm.maine.edu • (888) GoTo-UMM (468-6866)
- ☐ **University of Maine at Presque Isle** (Code # 3008)
www.umpi.maine.edu • (207) 768-9532
- ☐ **University of Southern Maine** (Code # 3691)
www.usm.maine.edu/admit • (800) 800-4USM

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? _____

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

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.

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 _____