Reactivation/Readmission Application for Undergraduate Admission



Please complete and return this form with the required nonrefundable fee of \$20.

Office use only: Application fee_____

This form is for you if one of the following categories applies:

Please check only one from "A" or "B"

A. Reactivation of Application

You applied to USM within the last year but did not enroll in classes as a degree (matriculated) student

B. Readmission

- **u** You received an undergraduate degree from USM and are pursuing a second undergraduate degree
- □ You began your studies at USM as a degree (matriculated) student more than ten years ago but did not graduate

Matriculated degree candidates maintain their matriculation status for ten calendar years from the first semester of attendance at USM. If, for any reason other than dismissal from the University, a student does not register for any length of time during that ten-year period and then resumes registration, no readmission decision is necessary. If, however, a student wishes to resume studies as a degree candidate after the ten-year period has elapsed, she or he needs to apply for readmission using this application form.

If none of these categories apply, use a standard application for admission. You can request a standard application by calling (207) 780-5670 or 1-800-800-4USM x5670; TTY (207) 780-5646, or by accessing it on our Web site: **usm.maine.edu/admit**

| I am applying for: September 20 January 20_ | I will atter | nd: 🗅 full-time 🗅 part-tir | ne | | | | | | |
|---|---|--------------------------------------|------------------------|---------------|--|--|--|--|--|
| Print name in full | | | | | | | | | |
| Last | First | | Middle | | | | | | |
| Preferred first name | Gender (optional): 🗅 female 🛛 male | | | | | | | | |
| Social Security Number* | ty Number* – Name used on previous records | | | | | | | | |
| *We need your SSN to process your financial aid. If not provided or | n your admission applica | ntion, you will be required to provi | de it at a later date. | me) | | | | | |
| Permanent mailing address: | | | | | | | | | |
| Street | City | State/Province | Zip/Postal Code | Country | | | | | |
| E-mail address | City/State/Prov. of legal residence | | | | | | | | |
| Home phone () | Preferred phone () | | | | | | | | |
| Are you a legal resident* of Maine? 🗆 Yes 🗅 No If | f yes, date you beca | me a legal resident | _// | | | | | | |
| *Lived in Maine for 12 consecutive months immediate | ly prior to enrollme | nt. for purposes other than | education. Proof ma | v be required | | | | | |
| Current mailing address: Mailing address end date: | City | State/Province | Zip/Postal Code | Country | | | | | |
| | | | | | | | | | |
| Country of citizenship | | | | | | | | | |
| If you are a US Permanent Resident, indicate alien reg | istration 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 | • | • | | | | | | | |
| 🗅 American Indian or Alaska Native 🗅 Asian 🗅 Black | or African-America | an 🗅 Native Hawaiian or ot | her Pacific Islander | D White | | | | | |
| If planning to attend classes off campus, indicate site/ | center | | | | | | | | |
| Intended academic major? First choice | | | | | | | | | |
| Second choice | | | | | | | | | |
| Housing plans: 🗆 Residence Hall 🗅 Off campus | | | | | | | | | |

HIGH SCHOOL INFORMATION: Please indicate all high schools and postgraduate high schools you have attended.

| Complete School Name | City | State | Zip | From Mo/Yr | To Mo/Yr | 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** with regard to all colleges and other post-secondary schools attended. Please list in the order of enrollment, with most recent college first including USM and all University of Maine System campuses. Failure to disclose previous enrollment may have consequence as serious as revocation of the offers of admission and financial aid.

| Complete College Name | City | State Zip | Full- or Part-time | From Mo/Yr | To Mo/Yr | Graduation Date | # Credits Attempted |
|-----------------------|------|-----------|-----------------------|---------------|-------------|--------------------|------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

0 0 __ __ College Board Code for most recent college attended. College credit hours attempted ___ Degrees earned ___

Have you ever been found responsible for a disciplinary violation at an educational institution you have attended from ninth 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?

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

If you answered **YES** to either or both questions above, please attach a separate sheet of paper that gives the approximate date of each incident and explains the circumstances. Please note: Applicants are expected to immediately notify the Office of Undergrauate Admission should there be any changes in their application, including disciplinary history.

Essay/Personal Statement: Please attach a personal statement explaining your reason for reactivation/readmission. You should also include a resume, any work experience, volunteer activities, and/or community service performed since applying to USM.

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 campus in the University of Maine System, I give permission for the Office of Undergraduate Admission to request my academic record electronically.

Applicant's Signature _____ Date_____ Date_____

Please send application and all supporting documents to:

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

Application materials received by the Office of Undergraduate Admission and the Application Processing Center become the property of the University of Maine System and the University of Southern Maine. University policy requires these records be retained and not returned to the applicant nor forwarded or released to a third party. The Office of Undergraduate Admission reserves the right to require additional information in order to make an admission decision; you will be contacted if any additional information is needed. Applicants should be aware that the University of Southern Maine complies with Title IX of the Education Amendments (1972), Title VI of the Civil Rights Act (1964), and Section 504 of the Rehabilitation Act (1973).