

# **Request to Reactivate Admissions Application**

| SEMESTER/YEAR APPLYING FOR: APPLYING AS A:   |   |                                  | Office Use Only:<br>Reactivation Fee: |                               |   |                         |                         |  |
|--|---|----------------------------------|---------------------------------------|-------------------------------|---|-------------------------|-------------------------|--|
| □ Spring (year)<br>□ Fall (year)   | <ul><li>☐ First-Year Stude</li><li>☐ Transfer Student</li></ul>                           |                                  | _                                     |                               |   |                         |                         |  |
| We acknowledge your request to reactivate information, please complete this form and possible. Your application can <u>NOT</u> be rea retained in the Admission Office for two you new application for admission and resubmi | return it to: UMS Applicativated until this form ha<br>ears. If more than two years.      | ation Processi<br>s been returne | ng, PO I<br>ed. Your                  | Box 412, Ban<br>original appl | gor, ME 044<br>ication and a                                    | 02-0412 a<br>cademic re | s soon as<br>ecords are |  |
| NAME (last, first, middle)   |   |                                  |                                       |                               | DATI  | E of Birth _            |                         |  |
| Name used on previous application(if different from current)   | · · · · · · · · · · · · · · · · · · ·   |                                  |                                       |                               | y #viously submitted number, please<br>ur social security card) |                         |                         |  |
| PERMANENT HOME ADDRESS Street  | Apt #   | City                             | •                                     |                               |   |                         |                         |  |
| Telephone ()_  |   |                                  |                                       |                               |   |                         |                         |  |
| CURRENT ADDRESS (if different from above Street  | re)   |                                  |                                       |                               |   |                         |                         |  |
| Telephone ()   | E-mail  | 1                                |                                       |                               |   |                         |                         |  |
| Indicate the semester and year for which year Do you wish to live on-campus?   Are you a active duty or an honorably disclare your parent(s) on active duty or an honorably disclare you eligible for veteran's benefits?    | no (If yes, please contact Ho<br>harged veteran of the U.S.<br>horably discharged veteran | ousing Services  Armed Force     | , Suite 10                            | 1, 5734 Hilltop<br>yes □ no   | (year)<br>Commons, C  |                         | (year)                  |  |
| Citizenship   U.S. Citizen   U.S. Dual Citi  None of the Above. Please de  Please fill out the following if applicable:  | scribe your immigration s   | tatus:                           |                                       |                               |   |                         |                         |  |
| What is your country of dual citizenship?  |   | Alien Regist                     | nat is you<br>ation N                 | ur status?<br>umber           |   |                         |                         |  |
| Intended Major   |   | _Second Cho                      |                                       |                               |   |                         |                         |  |
| Complete the following if you have attended the Univ   | versity of Maine or any other col   | lege/university/te               | chnical/po                            | stgraduate schoo              | ol since graduati   | ng from high            | school.                 |  |
| Name of Institution, Address, City, State &  | z Zip   |                                  |                                       | From (mo/yr)                  | To (mo/yr)  | Full-<br>time           | Part-<br>time           |  |
|  | 0   | 0                                |                                       |                               |   |                         |                         |  |
| Are you still attending? $\square$ yes $\square$ no  | L   |                                  |                                       | College Board                 | Code for La   | st College              | Attended                |  |
| Course(s) you are currently taking   |   |                                  |                                       |                               |   |                         |                         |  |
| Please indicate your reasons for transferring  | g   |                                  |                                       |                               |   |                         |                         |  |

(continued on reverse)

| If you have been out of high school and/or college for mo   | e than six months, briefly describe your activities.   |    |  |  |  |  |
|---|--|----|--|--|--|--|
| My signature below verifies that the information I have reported on this application is complete and factually correct. If I am a transfer study 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. |  |    |  |  |  |  |
| Student Signature   | Date   |    |  |  |  |  |
| **  | he the property of the University of Maine System and the university to which the student is seeking and not returned to the applicant nor forwarded or released to a third party outside the University of Main | ie |  |  |  |  |

#### For your information:

System.

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 Admission Office at the university to which you are applying. All information disclosed will be considered confidential. Should you required accommodations to complete this application, contact the Admission 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 web site

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. All universities within the University of Maine System are authorized under Federal law to enroll nonimmigrant alien students. 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.

The University of Maine System complies with Title IX of the Education Amendments (1972), Title VI of the Civil Rights Act (1964), Section 504 of the Rehabilitation Act (1973), and the Americans with Disabilities Act of 1990.

#### TESTS

The Scholastic Assessment Test I (SAT I) or the American College Test (ACT) is required of four-year degree applicants who are under 20 years of age or who have earned less than 12 college credits.

### TRANSCRIPTS

New students and transfers must arrange to have official transcripts sent to UMS Application Processing, PO Box 412, Bangor, ME 04402-0412, from all high schools and post-secondary colleges where work was attempted. **ANY TRANSCRIPTS NOT IN ENGLISH SHOULD BE ACCOMPANIED BY CERTIFIED ENGLISH TRANSLATIONS.** Evaluation of transfer admission applications will be based on transcripts of work completed up to and including the semester or term immediately preceding the date of entry to the university. It is the applicant's responsibility to keep all transcripts updated. Official evaluation of credits will be completed by the college to which application for admission is made.

## APPLICATION DEADLINES

This application and all academic transcripts should be submitted to UMS Application Processing, PO Box 412, Bangor, ME 04402-0412 no later than two weeks before the semester begins.

## IMMUNIZATION REQUIREMENTS (compliance is mandatory)

Maine State Law requires that all full-time, degree-seeking, and part-time university students **BORN AFTER 1956** show proof of immunization against measles (rubeola), mumps and rubella (**2 MMR dosages after 1st birthday**), diphtheria and tetanus (within last 10 years). Send a copy (not an original) of the applicant's record signed by a health professional and/or the name of the clinic where obtained, which indicates specific dosage, type of vaccine and/or immunity, to UMaine's Cutler Health Center: 5721 Cutler Health Center, University of Maine, Orono, ME 04469-5721.

## INTERVIEWS

Although interviews are not required for admission, they are encouraged. Counselors are available to speak with prospective students and answer their questions. Appointments should be made in advance by contacting the Office of Admission (207/581-1561).

## FINANCIAL AID

Applicants seeking financial aid information should contact the Office of Student Financial Aid, 5781 Wingate Hall, Orono, ME 04469-5781 (207/581-1324). The deadline to submit the Free Application for Federal Student Aid (FAFSA) is **MARCH 1**. The Office of Student Financial Aid recommends mailing the completed FAFSA by **FEBRUARY 15** to the processor listed on the form. With the exception of the guaranteed Student Loan and the Pell Grant, generally university funds are not available to students entering the University of Maine at mid-year in January. Inquiries regarding individual circumstances should be directed to the Office of Student Financial Aid at the above address or telephone number.