



I am applying for: September 20 \_\_\_\_\_ January 20 \_\_\_\_\_ Summer 20 \_\_\_\_\_

No application fee is required.

1. Print legal name in full \_\_\_\_\_  
Last Name First Name Middle Name

☐ Male  
☐ Female  
☐ Unspecified

2. Social Security Number\* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 3. Name used on previous records \_\_\_\_\_  
(e.g., maiden)

\*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.

4. Mailing Address \_\_\_\_\_  
Street City State Zip/Postal Code Country

E-mail Address \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

5. Home Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

6. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Citizen of \_\_\_\_\_

☐ I-94 Form ☐ Permanent Resident Alien Card  
Card ID.# \_\_\_\_\_

**Maine Residency Information**

7. Have you lived in Maine for 12 consecutive months, for purposes other than education.? (Proof may be required) \_\_\_\_ Yes \_\_\_\_ No  
Language spoken at home \_\_\_\_\_

8. Your intended academic program or major: ☐ Baccalaureate Degree ☐ Associate Degree ☐ Certificate Program  
• Academic Major \_\_\_\_\_ Minor \_\_\_\_\_  
Available to baccalaureate applicants: required for Bachelor of Applied Science

• Business and Music majors: please indicate specific course of study:

**Business** (Must choose one) ☐ Accounting ☐ Management ☐ General \_\_\_\_\_ (must specify a concentration)

**Music** (Must choose one) ☐ Voice ☐ Instrument: \_\_\_\_\_ (must specify an instrument)

9. UMA Campus preference: ☐ Augusta ☐ Bangor ☐ Center/Site: \_\_\_\_\_

10. High School/GED/HiSET: List the high school you **graduated from** (or plan to graduate from), and contact the school to have a transcript forwarded to UMA. Contact the Dept. of Education of the state in which you tested or your testing location to have a GED/HiSET score report sent to UMA.

School Name	Location (City/State)	Graduation Date

11. College Information: List all colleges attended (including UMA). Contact the college(s) and have an **OFFICIAL** transcript forwarded directly from the institution(s) to the University of Maine at Augusta. (Attach an additional sheet if necessary)

College Name	Location (City/State)	Year(s) you attended (dates)

☐ I would like information in how to create a portfolio to earn credit for prior learning.

☐ I have completed exams for college credit (AP, CCCP, DSST/Dantes, other) and will submit my transcript and test scores.

☐ High school transcript **may** be waived for admissions purposes if applicant has earned a college degree or 60 or more transferrable credits from a regionally accredited institution (except for programs with specific prerequisites including Dental Hygiene, Medical Laboratory Technician, Nursing, and Veterinary Technology).

**12. 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. Also, please note that if you answered yes to the second question and the event happened within the last 10 years, you may need to provide court documentation.

**NOTE:** Applicants are expected to immediately notify the UMS institutions to which they have applied should there be any changes to the information requested in this application, including disciplinary history.

13. (Optional) Please indicate if you are Hispanic/Latino ☐ Yes ☐ No  
(Optional) Please indicate if you are Franco-American ☐ Yes ☐ No  
(Optional) Please select one or more of the following racial categories to describe yourself:  
☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian or other Pacific Islander ☐ White

14. Are you a veteran? \_\_\_\_\_ Are you eligible for veterans' benefits? \_\_\_\_\_

15. Do you intend to apply for financial aid consideration? \_\_\_\_\_ Yes \_\_\_\_\_ No

16. Briefly describe your reasons to return to UMA at this time.

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17. Parent degree information is requested for state reporting purposes.

My mother attended college ☐ Yes ☐ No Highest degree earned. \_\_\_\_\_

Colleges attended \_\_\_\_\_

My father attended college ☐ Yes ☐ No Highest degree earned. \_\_\_\_\_

Colleges attended \_\_\_\_\_

**Immunization Requirement.** Maine State Law requires that all full-time students and all part-time, degree-seeking students born after 1956 show proof of adequate immunization against measles (rubeola), mumps, rubella, diphtheria and tetanus. Please arrange to have appropriate health records sent to the University of Maine at Augusta.

**Equal Opportunity Policy.** In complying with the letter and spirit of applicable laws and in 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 and gender expression, national origin, citizenship status, age, disability, genetic information or veterans 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 Sheri R. Stevens, Equal Opportunity Director, UMA Farmhouse, 207-621-3110 (TDD-207-621-3107).

**Americans with Disabilities Act.** University of Maine System campuses 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 campus admissions office to which you are applying. All information disclosed will be considered confidential.

The University of Maine at Augusta issues an Annual Security Report in compliance with the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act of 1998. This report contains safety and security policies and procedures for students, employees, and visitors and selected crime statistics. A copy of this report is available from the Office of Administrative Services, University of Maine at Augusta, 46 University Drive, Augusta, Maine 04330 (207-621-3100 or in-state 1-877-UMA-1234).

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.

This school is authorized under Federal law to enroll nonimmigrant alien students.

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**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 Admission to request my academic record electronically.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Application materials received in the Office of Admissions become the property of the University campus 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.

**Please return to: Application Processing, University of Maine System, PO Box 412, Bangor, ME 04402-0412**

If you have questions about the application process, please contact the appropriate Office of Admissions.

**Augusta** at 1-877-862-1234

**www.uma.edu**

**Bangor** at 262-7800