



This form enrolls you into UMA's STAT Transfer Program for the RN to BSN Nursing program.

TO PARTICIPATE IN THE UMA STAT TRANSFER, YOU MUST: 1. Be enrolled in the final semester of a Maine Community College Associate Degree in Nursing program & 2. Be on track to achieve a GPA of 2.5						
Please fill out this form completely and bring or mail it to your Community College Registrar's Office.						
First Name:		M.I.	Last Name:			
Name(s) used on previous records:						
Date of Birth:	Social Security Number*					
*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.						
Address:		City:		State:	Zip:	
Home/Cell Phone:	Alternate Phone:					
Email Address:						
Community College: (Select One)	Expected Graduation Date: (semester / year)					
☐ Central Maine Community College						
□ Eastern Maine Community College	Expected Start Date at UMA campus: (semester / year)					
☐ Kennebec Valley Community College						
□ Northern Maine Community College	☐ I have attended an institution prior to the Community					
□ Southern Maine Community College	College, and will have those official transcripts sent to UMA					
Required Question: 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, which resulted in your suspension, removal, dismissal or expulsion from the institution? □ No						
oriminal adjudication or conviction has been expured acaded appulled nordened destroyed arroad						□ Yes
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. 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.						
By completing this form, I authorize my Community College to release my education records, including my official transcript (now and once my degree is conferred), and immunization records, to UMA. 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.						
Signature & Date:						
Transfer Equivalency Chart: www.maine.edu/transfer-students/transfer-course-equivalencies/ Questions: F-mail LIMAADM@maine.edu/or call 1-877-862-1234 LIMA Web: www.uma.edu						