

READMISSION REQUEST FORM

Student Name:			Student ID)#:	
Previous Name:			Date of Birth:		
Permanent Home Ad	ddress/Email:	Local	Address/Phone:		
Street:		Street:			
City:	State:ZIP	: City:	Sto	ate: ZIP:	
Email:		Phone:			
Previous Attendanc	e at University of	Maine (Orono or N	/lachias):		
From:	То:		Program/Major:		
(Month)	(Year) (Month) (Year)			
Reason for Leaving:					
Have you ever been dis		pended by, any instit	ution in the Universi	ty of Maine System or any	
If yes, please expl	lain:				
List the institutions you	i've attended since le	eaving. Forward all of	ficial transcripts to	Student Records.	
Readmission Inform	nation:			ь т	
Semester Returning: _		Orono	In Person	Degree Type: A.A. A.S.	
	(Term) (Year)	Machias	Online		
College (Program):				B.A. B.S.	
Major (Plan):				B.F.A. B.M.	
Concentration:				B.U.S. B.C.S.	
Minor(s):				Certificate	
		OFFICE USE ONI	_Y		
Associate Dean/Direct	or:				
Other Approval, if requ	ired:				
Prog. Req. Term:	Plan Req. Term:		Advisor:		
Minor Req. Term:	Acad. Standing:	Processed by:			
OSR 08/2025		Stude	ent is only being re	eadmitted to be graduated	

REQUIRED SIGNATURES

Submit your request for readmission to the appropriate Associate Dean's Office for approval and processing.

COLLEGE/PROGRAM	SEND FORM TO	
College of Earth, Life, and Health Sciences	elhacademics@maine.edu	
College of Education and Human Development	coehd@maine.edu	
College of Liberal Arts and Sciences	clas@maine.edu	
Division of Lifelong Learning	dlladvising@maine.edu	
Maine Business School	mbs@maine.edu	
Maine College of Engineering and Computing	mcec@maine.edu	
School of Engineering Technology	um.set@maine.edu	
UMaine at Machias	umm.adaa@maine.edu	