

READMISSION REQUEST FORM

Student Name:			Student ID	#:	
Previous Name:			Date of Birth:		
Permanent Home A	ddress/Email:	Local	Address/Phone:	_	
Street:		Street:	:		
City:	State: ZIP:	City:	Sta	te:ZIP:	
Email:		Phone:			
Previous Attendance at University of Maine (Orono or Machias):					
From:	To:		Program/Major:		
(Month)	(Year) (N	Month) (Year)			
Reason for Leaving:					
Have you ever been dismissed from, or suspended by, any institution in the University of Maine System or any other college or university for any reason?					
If yes, please explain:					
List the institutions you've attended since leaving. Forward all official transcripts to Student Records.					
Readmission Inform	nation:			_	
Semester Returning:		Orono?	In Person?	Degree Type:	
	(Term) (Year)	Machias?	Online?	A.A. A.S.	
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 ONLY					
Associate Dean/Direc	tor:				
Other Approval, if requ	uired:				
Prog. Req. Term:	Plan Req. Term:		Advisor:		
Minor Req. Term:	Acad. Standing:	Processed by:			
OSR 08/2025		Stud	ent is only being re	admitted 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	