



The University of Maine at Augusta • Augusta • Bangor  
**Student Application for Admission**

Office Use Only
Date: _____
Fee: _____

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

Please complete and return the application with the non-refundable fee of \$40.00 (address on other side).  
 Fee waived for readmission applicants.

1. Print legal name in full _____		(Optional) Female _____
Last Name	First Name	Middle Name
		Male _____
2. Social Security Number* _____ - _____ - _____		3. Name used on previous records _____
<small>*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.</small>		<small>(e.g., maiden)</small>
4. Mailing Address _____		
Street	City	State
		Zip
E-mail Address _____		Cell Phone (____) _____ - _____
5. Home Telephone (____) _____ - _____		Work Telephone (____) _____ - _____
6. Date of Birth ____/____/____ Citizen of _____		<input type="checkbox"/> I-94 Form <input type="checkbox"/> Permanent Resident Alien Card Card ID.# _____
7. Are you a Maine resident? ____ Yes ____ No How long have you lived in Maine? _____		
8. Your intended academic program or major: <input type="checkbox"/> Baccalaureate Degree <input type="checkbox"/> Associate Degree <input type="checkbox"/> Certificate Program		
• Academic Major: _____		Minor: _____
<small>Available to baccalaureate applicants: required for Bachelor of Applied Science</small>		
• Business and Music majors: please indicate specific course of study:		
<b>Business</b> (Must choose one) <input type="checkbox"/> Accounting <input type="checkbox"/> Management <input type="checkbox"/> General _____ (must specify a concentration)		
<b>Music</b> (Must choose one) <input type="checkbox"/> Voice <input type="checkbox"/> Instrument: _____ (must specify an instrument)		
9. UMA Campus preference: <input type="checkbox"/> Augusta <input type="checkbox"/> Bangor <input type="checkbox"/> Center/Site: _____		
10. High School/GED: List the high school you <b>graduated from</b> (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 score report sent to UMA.		
School Name	Location (City/State)	CEEB Code (if known)
11. College Information: List all colleges attended ( <b>including UMA</b> ). Contact the college(s) and have an <b>OFFICIAL</b> transcript forwarded directly from the institution(s) to the University of Maine at Augusta.		
College Name	Location (City/State)	Year(s) you attended (dates)
<input type="checkbox"/> High school transcript may be waived if applicant has earned a college degree or 60 or more credits from a regionally accredited institution (except for programs with specific prerequisites including Dental Hygiene, Medical Laboratory Science, Nursing, and Veterinary Technology).		
<b>over→</b>		

12. 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.

13. (Optional) Please indicate if you are one of the following:  
\_\_\_\_\_ American Indian or Alaskan Native \_\_\_\_\_ Asian or Pacific Islander  
\_\_\_\_\_ Hispanic \_\_\_\_\_ Black (Non-Hispanic) \_\_\_\_\_ White \_\_\_\_\_ Other

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

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

16. Please tell us how you learned about UMA (employer, advertisement, course guide, etc.).

17. What influenced your decision to attend UMA? (If you need more space, please attach a separate sheet.)

**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 the 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, national origin or citizenship status, age, disability, or veterans status in employment, education, and all other areas of the University.

**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.

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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

**Bangor** at 262-7800 Option 3

[www.uma.edu](http://www.uma.edu)