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**Adult Education
 Academ-e Students Nomination Form**

This form must be completed by the Director and sent to the address above.

Name of High School: _____
 High School Address: _____

 County: _____
 Telephone: _____
 School Administrative District: _____
 Counselor Name: _____
 Contact Email: _____

***** Please note: All Academ-e courses require a broadband Internet connection.**

Students Nominated:

1. First Name: _____ M.I.: _____ Last Name: _____
 Address: _____

 Telephone: _____
 Gender: _____ (Optional) Date of Birth: _____
 SSN: _____
 High School Status as of Fall, 2009 (Jr., Sr.): _____
 GPA: _____
 Student Email: _____

Please select your choice(s) for Fall and/or Spring:

Fall 2009

Spring 2010

1. _____
2. _____ alternate choice
3. _____ alternate choice

1. _____
2. _____ alternate choice
3. _____ alternate choice

2. First Name: _____ M.I.: _____ Last Name: _____
Address: _____
Telephone: _____
Gender: _____ (Optional) Date of Birth: _____
SSN: _____
High School Status as of Fall, 2009 (Jr., Sr.): _____
GPA: _____
Student Email: _____

Please select your choice(s) for Fall and/or Spring:

Fall 2009

Spring 2010

1. _____

1. _____

2. _____ alternate choice

2. _____ alternate choice

3. _____ alternate choice

3. _____ alternate choice

3. First Name: _____ M.I.: _____ Last Name: _____
Address: _____
Telephone: _____
Gender: _____ (Optional) Date of Birth: _____
SSN: _____
High School Status as of Fall, 2009 (Jr., Sr.): _____
GPA: _____
Student Email: _____

Please select your choice(s) for Fall and/or Spring:

Fall 2009

Spring 2010

1. _____

1. _____

2. _____ alternate choice

2. _____ alternate choice

3. _____ alternate choice

3. _____ alternate choice

4. First Name: _____ M.I.: _____ Last Name: _____
Address: _____
Telephone: _____
Gender: _____ (Optional) Date of Birth: _____
SSN: _____
High School Status as of Fall, 2009 (Jr., Sr.): _____
GPA: _____
Student Email: _____

Please select your choice(s) for Fall and/or Spring:

Fall 2009

Spring 2010

1. _____

2. _____ alternate choice

3. _____ alternate choice

1. _____

2. _____ alternate choice

3. _____ alternate choice

5. First Name: _____ M.I.: _____ Last Name: _____
Address: _____
Telephone: _____
Gender: _____ (Optional) Date of Birth: _____
SSN: _____
High School Status as of Fall, 2009 (Jr., Sr.): _____
GPA: _____
Student Email: _____

Please select your choice(s) for Fall and/or Spring:

Fall 2009

Spring 2010

1. _____

2. _____ alternate choice

3. _____ alternate choice

1. _____

2. _____ alternate choice

3. _____ alternate choice

The above listed students have been reviewed and are academically able to enroll in college level classes offered through the Academ-e. By checking the box below, I verify that the information I have reported is complete and factually correct.

Counselor's Signature: _____

Date: _____

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