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 www.umaine.edu/academ-e

**Home School
 Academ-e Students Nomination Form**

This form must be completed by the Director of Guidance, 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. _____

1. _____

2. _____ alternate choice

2. _____ alternate choice

3. _____ 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. _____

1. _____

2. _____ alternate choice

2. _____ alternate choice

3. _____ 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. Signing below verifies that the information I have reported is complete and factually correct.

Counselor's Signature: _____

Date: _____

In complying with the letter and spirit of the applicable laws and in pursuing its own goals of pluralism, the University of Maine 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. The University provides reasonable accommodations to qualified individuals with disabilities upon request.

