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**Private 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: \_\_\_\_\_  
Guidance Counselor Name: \_\_\_\_\_  
Guidance 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:

<u>Fall 2009</u>	<u>Spring 2010</u>
1. _____	1. _____
2. _____ alternate choice	2. _____ alternate choice
3. _____ alternate choice	3. _____ alternate choice

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 |

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 are currently junior or senior standing with a B average or better. By signing below, I verify that the information I have reported is complete and factually correct.

Guidance Counselor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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