



5713 Chadbourne Hall
Orono, Maine 04469
Tel: 207-581-3143
Fax: 207-581-3141

academ-e_registration@umit.maine.edu
www.umaine.edu/academ-e

**Academ-e
Nomination Form - Public School
Fall 2009 / Spring 2010**

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:

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:

| <u>Fall 2009</u> | <u>Spring 2010</u> |
|---------------------------|---------------------------|
| 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:

| <u>Fall 2009</u> | <u>Spring 2010</u> |
|---------------------------|---------------------------|
| 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 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: _____

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.

