

5713 Chadbourne Hall, Room 122 Orono, ME 04469-5713 Tel: 207-581-3143 Fax: 207-581-3141 dlladvising@maine.edu

## **Registration Form**

Name:				Date:					
Name:Last First				Middle					
Previous Name (if any)									
MaineStreet ID #:				Date of Birth:			Sex:	F	M
Telephone #:				Daytime Telephone #:					
E-Mail Ad	ldress:								
Mailing A	ddress:								
Street				City	State		Zip Code		
Billing Add	ress:								
{ } Change my Address as indicated Street				City	State		Zip Code		
How long have you lived in the state of Maine for non-edu Are you a U.S. citizen or permanent resident of the U.S.? Are you a High School Student?					Years Yes Yes		Months No No		
	CREDIT	COURSES	l			GRAE	DING OPT	TIONS	
Term	Class Number	Course	Section	Title of Course	Credit	Grade	Pass	Audit	Start
		Code	No.		Hours		Fail		Date
				ses may be added to the					
Permission:	Business School							ate:	
(Please refe	<b>ate level courses</b> r to graduate registra Graduate School Si						Dat	te:	
				ourses must provide	a transcri	pt.			
Have you p	reviously taken a co	urse at UMain	e?	Yes <u>No</u> La	ist semester	of attenda	ince?		
Return this	completed registrati	on form to:	5713 C Orono Teleph E-Mail	on of Lifelong Learning, Chadbourne Hall, Room ME 04469-5713 Ione: 207-581-3143, Fax I: dlladvising@maine.edu	122 : 207-581-3				
If y	you are a person with	h a disability v	who needs an	urse registration, please c ny accommodations plea to discuss your accommo	se check he		epresentative	e from the	
Phone acces	ss for the Hearing In						ers not in M sers not in N		
of race, color,	religion, sex, sexual orie	ntation, national o	rigin or citizen	sing its own goals of pluralism status, ago, disability, or veter lified individuals with disabili	rans status in e	mployment,			