

Registration & Scheduling Services 140 Luther Bonney, Portland Campus 107 Bailey Hall, Gorham Campus TEL (207) 780-5230 TTY (207) 780-5646 FAX (207) 780-5517 registerusm@maine.edu/reg

Registration Worksheet

semester (check of	one) _ FALL _ SPRIN	G SUMMER		Date:	
Vame:				MaineStreet ID	:
Last	First	1	M		(7 digits)
Iome Address					
	Street			Phone Numbe	r
	City/Town		nte		Zip Code
ocal Address					
			City/Town		Zip Code
irth Date	_/			Male Fe	emale
this your first	registration at USM?				
•					
this a new loca	al address? H	lome address?			
esidency:					
In State	_ YesNo If no,	, are you a milita	ary veteran on acti	ve duty?Yes	sNo
ovo vou rocido	d in Maine, for purpos	os other than od	ugation during the	a twolvo concocuti	vo months?
	or to enrollment?		ucation, during the	e twerve consecuti	we months:
			se Schedule		
SECTION #	DEPARTMENT	NUMBER	PASS/FAIL	AUDIT	UNITS
ie: 20769	CMS	102			3
)ean's sionature	required if over 18 cred	its.		ТОТА	L UNITS
oun s signature	required if over 10 cred			1017	E 01(115
	(If above courses		ative Courses) or (additional spa	ace for Music clas	ses)
SECTION#	DEPARTMENT	NUMBER	PASS/FAIL	AUDIT	UNITS