

Registration Worksheet

Semester (check one) FALL SPRING SUMMER

Date: _____

Name: _____
Last First M

MaineStreet ID: _____
(7 digits)

Home Address _____
Street

_____ Phone Number

_____ City/Town State Zip Code

Local Address _____
Street

_____ City/Town

_____ Zip Code

Birth Date ____/____/____

Male Female

Is this your first registration at USM? _____

Is this a new local address? _____ Home address? _____

Residency:

In State Yes No If no, are you a military veteran on active duty? Yes No

Have you resided in Maine, for purposes other than education, during the twelve consecutive months?
Immediately prior to enrollment? Yes No

Course Schedule

SECTION #	DEPARTMENT	NUMBER	PASS/FAIL	AUDIT	UNITS
ie: 20769	CMS	102			3

Dean's signature required if over 18 credits: _____ TOTAL UNITS _____

**Alternative Courses
(If above courses are unavailable) or (additional space for Music classes)**

SECTION #	DEPARTMENT	NUMBER	PASS/FAIL	AUDIT	UNITS

Advisor's Approval: _____