

PRIOR APPROVAL REQUEST TO TAKE COURSES AT ANOTHER INSTITUTION

This form should be submitted prior to (BEFORE) registering for course work.

***Indicates a required field**

Last Name _____ First Name: _____ Middle Initial: _____
 MaineStreet ID: _____ Current Major: _____
 Maine.edu email address: _____@maine.edu Daytime Phone Number: (____) ____ - _____

Part 1: THIS FORM HAS MULTIPLE PURPOSES. CHECK YOUR PURPOSE (1, 2, OR 3) IN SUBMITTING THIS FORM.

1. Enrollment at USM and/or another University of Maine System (UMS) school for semester requested.

<u>Institution</u>	<u># Credits</u>	<u>Total # Credits at UMS Schools</u>
UM Augusta (UMA)	___	
UM Farmington (UMF)	___	
UM Fort Kent (UMFK)	___	
UM Machias (UMM)	___	
UM Presque Isle (UMPI)	___	
UM Orono (UM)	___	
Univ. of Southern Maine (USM)	___	

Student Financial Services is NOT automatically adjusted for recipients attending other UMS institutions. Contact your [Financial Aid Counselor](#) (select Hyperlink for a list) for more information.

2. Study at a regionally accredited institution in the United States, but NOT a UMS school (see above).

3. International Study Away Program
 USM-sponsored (work with USM’s International Programs)
 Not USM-sponsored (on your own)

Part 2: Enter The Information Below Of The Regionally Accredited Institution You Will Attend

Institution Name: _____ Year: _____ Term: _____
 City: _____ State: _____ Zip: _____ Country: _____

LIST THE COURSES BELOW IN WHICH YOU PLAN TO ENROLL

Institution <i>Select UMS or Other</i>	Course Prefix & Number	Title	Request to Satisfy <i>Select</i>	Credits	USM Equivalent <i>Advisor/Dean Use ONLY</i>		
					Subject/Number/Initials		
UMF	Ex. ART 102	Art of the Ages - EXAMPLE		3			

Note: Once completed, it is the student’s responsibility to have the host/away institution forward an official transcript to [USM Transfer Affairs](#) (National) or [USM International Programs](#) (International) for posting to their transcript. Select Hyperlink to view address.

*I have read and understand [USM’s residency policy \(click to view\)](#). Student’s Signature: _____

* **For #1 above:** “These courses are required to fulfill the student’s degree requirements.” Faculty/Advisor Initials: _____

REQUIRED: Advisor’s Approval (print name & sign): _____ date: _____

Note: Major/Professional Advisor approves Core, Major, and Elective equivalencies; Minor Advisor approves Minor equivalencies. If a major or minor course is NOT in the Transfer Equivalency Table, the Faculty Advisor MUST determine equivalency.

REQUIRED: Authorized Dean or Director approval (print name & sign): _____ date: _____