

UNIVERSITY OF MAINE
APPLICATION FOR ADMISSION TO THE GRADUATE SCHOOL
Return the original application to the Graduate School, 42 Stodder Hall, University of Maine,
Orono, ME 04469-5755, with \$65.00 non-refundable application fee.
Application fee increases by \$10 for each program applied for beyond the first
PLEASE TYPE OR PRINT CLEARLY

Name	<i>Baker</i>	<i>Tim</i>	
	(Family Name)	(First)	(Middle)
Maiden name or other names under which records may be filed			
Mailing Address			
	(Street)	(Additional)	(City)
			(State or Province)
			(Zip Code)
			(Country)
Permanent Address	<i>1367 Meadow Rd</i>	<i>Bowdoin</i>	<i>ME</i>
	(Street)	(Additional)	(City)
			(State or Province)
			(Zip Code)
			(Country)
Phone Number		Work Phone	
Email Address	<i>timothy.d.baker@umit.maine.edu</i>		
Place of Birth			
	(City, State, Country, if not USA)		
Date of Birth		Gender	
Citizen of	<i>USA</i>	If U.S. Citizen, legal resident of	<i>ME</i>
	(Country)		(State)
If you are a resident alien, please enclose a copy of your green card with your application			
Residency Status	<i>resident</i>		

U.S. Social Security No. (if applicable)