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		Scott			Mike			D			
		(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	12 riverview st			veazie		ME	04401		USA		
	(Street)	(Additional) (City)				(State or Province) (Zip		Code)	(Country)		
Phone Number					Work F	Phone					
Email Address			mscott@umit.maine.edu								
Place of Birth											
					(City, State, Country, if not USA)						
Date of Birth		08/	20/1990		Gender						
Citizen of			USA			If U.S. Citizen, legal resident of			ME		
		(Co	untry)					(State)			
If you are a resident alien, please enclose a copy of your gre					en card v	with your applica	tion				
Residency Statu	S				resident						
U.S. Social Secu	rity No. (if ap	plic	able)								
					e federal government, accrediting associations, college guides, newspapers, and ounds of our students and employees. In order to respond to these requests, we ask						
Do you consider yourself to be Hispanic/Latino? (see application instructions regarding ethnicity explanation)				No							
In addition, select one or more of the following racial categories to describe yourself:				unspecified							
Present Occupa	tion										

Programs Applied	For:							
Program 1								
Degree you are seek	king:		Spatial Inf Sci Engineer-MS - SISS					
Proposed departme	ent of study		SIS					
Major area of inter	est		Minor area of inte	rest				
Do you expect to stu	ıdy full or part time	?	FULL-TIME	·				
Semester you plan t	to begin your gradua	ite program	FALL 2011					
entering and leaving these institutions to	ng degrees received o	or for which you are ol. The Graduate Sc	a candidate. Officia hool will order UM	that you have attende Il transcripts must be (ORONO) transcript	sent directly from			
Name of Institution	Location	Dates Attended	Major	Name of Degree or Diploma	Date Received or Expected			
	,	-						
If possible, please i average on a 4.0 sc	ndicate your cumula ale (A=4):	tive undergraduate	0.00					
	ndicate your cumula average on a 4.0 sca		0.00					
1	urses in programs or nscript sent to the G	• -		lling at UM. Please ha	ive a			
	rizes or scholarships ou have been elected	- •	to you on the basis	of academic achieven	nent, or any honor			
	ent or other activities cles or books, resear	• •		tudy. If you have tauger creative work.	tht, name subjects.			
institution you hav	n found responsible fe e attended (or the in avioral misconduct, institution?	ternational equivale	nt) whether related	to academic	No			
Date					· · · · · · · · · · · · · · · · · · ·			
Explanation								

Have you ever ba juvenile crime		d of	a misdemeanor, f	felony or	other cr	ime, or a	djudicate	ed of co	ommitting	No	
Date											
Explanation											
Have you taken	or intend to	take	the:								
Graduate Record Examination:				No							
GRE scores:	cores: Verbal 0 Quantitative 0				Anal	lytical	0.0				
Subject			Score	0	Date						
Graduate Management No Admission Test:			,				Test Date:				
GMAT Score:					0						
Miller Analogies	s Test:	No			Test Date:						
MAT Score:					0						
For GMAT, Grace For MAT, Harco	duate Manage urt Assessmer	men nt, <u>w</u>	Testing Service, y t Admissions Cour www.milleranalogic and proficiency in o	ncil, <u>www</u> es.com, in	.mba.co	<u>n</u> , institu	tion code	for UN	M (ORONO): 1ZF-RM-18	
Language		Wı	riting		Reading			S	Speaking		
If English is not	your primar	y lai	nguage, please in	dicate the	numbe	of year	s you hav	e studi	ied English	(give dates):	
In secondary or	middle schoo	ol:									
In university:											
Under private a	uspices:										
Have you applie admission to Gr			his institution for		No						
a. When:					b. To what department?						
c. Degree award	ed and date:										
d. Did you with	draw?	No	,		When?						
Do you wish to a	apply for an a	assis	tantship?						No		
You must contact	ct the Depart	men	nt Chairperson di	rectly if y	ou desir	e a teach	ning or re	search	assistants	hip or if you v	wish

to be nominated for a Univer	sity fellow	ship. Assistantships	are awarded by dep	artments.					
Contact Student Financial Aid, Wingate Hall, 207-581-1324, for information on college work-study or student loans.									
Do you intend to apply for ce Program? (see www.nebhe.or		of eligibility under	the New England Re	egional Stu	ident	No			
If you have spoken or corresponded with any member of the University of Maine faculty regarding your application, please give a name or names.									
List the names and addresses recommendation must be wr your capacity for advanced s	itten by pe	eople qualified, throu	igh personal experie	nce with y	our academi	c work, to jud	_		
pete davis	pete davis sally field tim carrier								
,		,		,					
Email: Phone:		Email: Phone: Email: Phone:							
The following questions should be completed ONLY by applicants who are not citizens of the United States.									
Have you taken or plan to take the TOEFL examination? No									
Date of exam:	f exam: TOEFL score: 0								
Remember: Foreign students must submit TOEFL scores as part of their application packages.									
Indicate below the career you plan to pursue if you plan to remain in the United States after completion of studies (e.g., teaching, government, business, industry).									
If you plan to continue studies for another degree, describe briefly the subject, location, estimated beginning date, and approximate duration.									
If you plan to return to your own country immediately after completing study or research, state the details (e.g., employer, location, type of work, estimated beginning date) that may be known to you.									
How do you expect to finance your graduate study? You must complete the Financial Statement form upon admission. The form is available on the Graduate School website (www.umaine.edu/graduate)									
List the names and addresses of any close relatives or friends in the United States (indicate relationship):									

List persons to be notified in case of an emergency:									
(a) In United States									
		,							
	(Name)	(Address)		(Phone)	(Relationship)				
(b) In home country		,							
	(Name)	(Address)		(Phone)	(Relationship)				
This school is authorized under federal law to enroll non-immigrant alien students. Anyone submitting falsified documents will be denied admission and will receive no refund of any fees paid. The University will notify appropriate authorities of this action and information will be shared with government agencies.									
Compose a brief essay on a separate page (300-500 words), to be read by professors in your field on your academic and personal intentions and objectives. Identify any special interest you would like to pursue now or in the future. If you have previously attended another graduate school, explain why you wish to transfer to Maine. Attach essay on separate page, or email attachment to graduate@maine.edu									
Signature			Date						