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		McGrath			Joshua				
		(Family Name)			(First)			(Middle)	
Maiden name o	r other name	es under which records may be			e filed				
Mailing Address									
	(Street)		(Additional)	(City)		(State or Province)	(Zip Code)		(Country)
Permanent Address	1			City		ME	04473		USA
	(Street)		(Additional)	(City)		(State or Province)	(Zip Code)		(Country)
Phone Number				Work		Phone			
Email Address		josi	hua.e.mcgrath@g	mail.com					
Place of Birth									
					(City, State, Country, if not USA)				
Date of Birth				Gender					
Citizen of		USA			If U.S. Citizen, legal resident of			ME	
		(Country)						(State)	
If you are a resident alien, please enclose a copy of your green card with your application									
Residency Status					resident				

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