

5755 Stodder Hall, Room 42 Orono, Maine 04469-5755 Tel: 207-581-3220

Fax: 207-581-3232 www2.umaine.edu/graduate

## APPLICATION FOR ADMISSION TO GRADUATE CERTIFICATE PROGRAMS \$35 Non-Refundable Application Fee

<b>Note:</b> Some certificat	e programs requir	e additional sup	port mate	rials. Please che	eck with the Gradua	ate School.		
Session Applying For	(check one): Fall _	Spring	Summe	er Year				
I. PERSONAL INFO	RMATION				II	Madag Coo Coo Number		
Name					United S	tates Soc. Sec. Number		
Last (Family)		First		Middle				
Name that may appear	on records received	d in support of ap	plication it	f different from a	bove:			
[ ] Female	Ethnic Backgro	ound (optional):						
[ ] Male	[ ] American	<ul><li>[ ] American Indian/Alaskan Native</li><li>[ ] Black Non-Hispanic</li><li>[ ] Asian Pacific Island</li></ul>						
					[ ] White Non-Hispanic [ ] No [ ] Non-resident Alien (Foreign Applicant)			
	[ ] Asian I aci	ric Island		[ ] Non-reside	cht Alleh (Poleigh A	ppncant)		
Date of birth (MM/DE	D/YY):	Day	Year	_ E-ma	il address:			
		•						
Country of citizenship	:			Country of birth if different:				
Legal State of Residen	ice:							
If not a II C aitizani	[ ]]]C mammanant	masidant [ ]]	E Wise - [	llWee [ ]	Vice not vet obteine	l [ ] Other		
						(specify)		
Address					Tel. Home: (	)		
					Tel. Work: (	)		
(City)		(State)		(Zip)				
II. PROGRAM: Cert	tificate in							
III. EXPERIENCE								
List in chronological o	order any profession	al or career relate	ed work ex	perience directly	related to the propos	al certificate (most recent first):		
Position		Employer		Address		Date		
		1 ,						
Describe any experien	ce directly related to	the certificate p	rogram yo	ur are applying to	)			
			EOR OF	FICE USE ONLY				
Name								
REF □□□	TR 🗆 🗆 🗆 🗆							
GRE Date	_		Sub	App. Fee Paid				
	V				To Cor	nmittee Action		
		<·		101111	10 001	Action		
TOEFL								
ESSAY 🗆				FT	PT	Semester		

## V. ACADEMIC CREDENTIALS

List, in chronological order, ALL colleges and universities attended at least one year (most recent first). Request that one official transcript from each institution be sent directly to the Graduate School.									
Institution Name	State/Country	Dates of Attendance From To	Major	Degree (if any)	Date received or expected				
Have you previously r	nade application to t	his Graduate School?	[ ] Yes If yes, Session	/Year: [ ] N	0				
Admitted? [ ] Yes [	] No If adm	itted, did you enroll?	[ ] Yes	[ ]N	0				
Are you currently enro	olled in a graduate de	egree program at UM?	[ ] Yes	[ ]N	O				
Do you wish to earn th	is certificate in addi	tion to your degree?	[ ] Yes	[ ]N	O				
Have you taken any U	M graduate courses	either on or off the Orono	campus that you hope to a	pply to this certificate?					
[ ]	Yes Session/Year		[ ] No						
Are you currently enro	olled in any UM grad	luate courses either on or	off the Orono campus that	would be applied to this cer	tificate?				
[ ]	Yes Courses in prog	gress:		[ ] N	O				
V. PERSONAL STA	TEMENT								
Prepare a brief but car	eful statement outlin	ing the reasons you wish	to earn a graduate certificat	te in this field.					
MasterCard accepted	l) call (207) 581-329	91.	•	wish to pay by credit card					
				cation without consideration					
Updated 06/09			Signat	ure	Date				