



Transfer for Nursing

This form enrolls you into UMA's STAT Transfer Program for the RN to BSN Nursing program.

To participate in the UMA STAT Transfer, you must:

1. Be enrolled in the **final** semester of a Maine Community College Associate in Science in **Nursing** program
AND
2. Be on track to achieve a GPA of 2.5

Please fill out this form completely and bring/mail to your Community College Registrar's Office.

First Name: _____ M.I.: _____ Last Name: _____

Social Security Number* _____ - _____ - _____ Name used on previous records _____

*Your social security number (SSN) is used to verify your identity for administrative, financial aid, and campus employment purposes. (e.g., maiden) We need your SSN to process your financial aid. If not provided on your admission application, you will be required to provide it at a later date.

Street address: _____ City _____

State: _____ Zip: _____

Home/cell phone: _____ Alternate phone: _____ Email: _____

Community College Attending: (Select One)

____ Central Maine Community College

____ Kennebec Valley Community College

____ Eastern Maine Community College

____ Southern Maine Community College

Expected Graduation Date: _____ Expected Start Date at UMA campus: _____
(semester/year) (semester/year):

I have attended an institution prior to the Community College, I will have those official transcripts sent to UMA.

REQUIRED QUESTIONS:

Have you ever been found responsible for a disciplinary violation at an educational institution you have attended from 9th grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct, that resulted in your suspension, removal, dismissal or expulsion from the institution? _____ Yes _____ No

Have you ever been adjudicated guilty or convicted of a misdemeanor, felony, or other crime? Note that you are not required to answer "yes" to this question, or provide an explanation, if the criminal adjudication or conviction has been expunged, sealed, annulled, pardoned, destroyed, erased, impounded, or otherwise required by law or ordered by a court to be kept confidential.
_____ Yes _____ No

NOTE: Applicants are expected to immediately notify the UMS institutions to which they have applied should there be any changes to the information requested in this application, including disciplinary history.

If you answered yes to either or both questions, please attach a separate sheet of paper that gives the approximate date of each incident and explains the circumstances. Also, please note that if you answered yes to the second question and the event happened within the last 10 years, you may need to provide court documentation.

By completing this form, I authorize my Community College to release my education records, including my official transcript (now and once my degree is conferred), and immunization records, to UMA. My signature below verifies that the information I have reported on this application is complete and factually correct. If I am a transfer applicant who has attended another campus in the University of Maine System, I give permission for the Office of Admission to request my academic record electronically.

Signature: _____ Date: _____

<http://www.uma.edu/>

Transfer Equivalency Chart can be found at: <http://www.maine.edu/transfer-students/transfer-course-equivalencies/>

Questions? E-mail UMAADM@maine.edu or call 1-877-862-1234.

Please mail form to: Application Processing, University of Maine System, PO Box 412, Bangor, ME 04402-0412.