

Please submit form to:
Southern Maine Community College
REGISTRATION OFFICE
2 Fort Road, South Portland, ME 04106
Fax: (207) 741-5760 – Email: registration@smccme.edu

RE-ADMISSION REQUEST

NOTE: Complete this form if you meet all of the following: it has been less than 3 years since you have taken classes at SMCC; you are a previously accepted student; and you are in good standing.

Name: _____ Student ID #: _____
Last First MI

Mailing Address: _____
Street Apt #
_____ City State Postal Code

E-mail: _____

Phone #: _____

Last Semester Attended: _____ Desired Re-admission: _____
Fall/Spring/Summer Year Fall/Spring/Summer Year

Previous Major: _____ Focus (if applicable): _____ Award (check one):
 Associate Certificate

If you are planning to change your major, indicate a new major below.
New Major: _____ Focus (if applicable): _____ Award (check one):
 Associate Certificate

Signature, Student Date

***If you are requesting re-admission into Cardiovascular, Dietetic Technician, Medical Assisting, Nursing, Paramedicine, Radiation Therapy, Radiography, or Respiratory Therapy you must obtain approval from the appropriate Health Science's department chair.**

Signature, Health Science Department Chair Date

Approved Readmission Term: _____
Fall/Spring/Summer Year