UNIVERSITY OF MASSACHUSETTS LOWELL
RESIDENCY RECLASSIFICATION COVER SHEET

Last Name________________________________ First Name________________________________ MI _____

UMS#_________________________ Email ________________________________

Phone#_______________________ Semester you are applying for ________________________________

Indicate your status: □ Undergraduate □ Graduate □ Online & Continuing Education

What was your state/country of residence 12 months prior to enrolling at UMass Lowell?
________________________________________________________________________________________
If you are a returning or continuing student:

What semester did you first enroll at UMass Lowell?
________________________________________________________________________________________

All students please answer the question below:

Why do you believe you (now) qualify for in-state tuition (Massachusetts residency for tuition purposes)?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Please submit this cover sheet along with the following:

☐ In-State Tuition Eligibility Form
☐ Residency Classification Worksheet
☐ Supporting documentation (see forms for a list of required documents)

Submit to:
University of Massachusetts Lowell
220 Pawtucket St., Suite 420
Lowell, MA 01854-5107
Enrollment & Student Success

FOR OFFICE USE ONLY:
  □ ISIS notation
  □ Notify appropriate offices
  □ Notify student
  □ Create cover sheet
  □ Scan
  □ Add to database
  □ Term ___________