

**Please Note:** This form is for former UML students that were previously accepted & enrolled in an undergraduate degree program at UML and left before receiving a bachelor's degree and have been away from the university more than four semesters.



## UNIVERSITY OF MASSACHUSETTS LOWELL Application for Readmission

ID: \_\_\_\_\_ Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone : \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Are you an International Student? \_\_\_\_\_ No \_\_\_\_\_ Yes, if "yes" type of Visa: \_\_\_\_\_

**Race/Ethnicity:**

Are you Hispanic or Latino? \_\_\_\_\_ Yes, I am Hispanic or Latino \_\_\_\_\_ No, I am not Hispanic or Latino

Please check one or more of the following groups in which you identify yourself as a member

\_\_\_\_\_ Asian

\_\_\_\_\_ Black or African American

\_\_\_\_\_ Native Hawaiian or Pacific Islander

\_\_\_\_\_ American Indian or Alaskan Native

\_\_\_\_\_ White

Were you a student of the : Day Undergraduate \_\_\_\_\_ or Continuing Studies & Corporate Education \_\_\_\_\_

Degree Program at the time of discontinuation: \_\_\_\_\_

**The following programs will need the signature of the Chairperson before submitting this form.**

Nursing: \_\_\_\_\_ Date: \_\_\_\_\_  
(Dr. Karen Melillo or Dr. Annette McDonough)

Clinical Lab Sciences: \_\_\_\_\_ Date: \_\_\_\_\_  
(Dr. Eugene Rogers)

Nutritional Science: \_\_\_\_\_ Date: \_\_\_\_\_  
(Dr. Thomas Wilson)

Exercise Physiology: \_\_\_\_\_ Date: \_\_\_\_\_  
(Dr. Sean Collins)

Reason for leaving (if any): \_\_\_\_\_  
\_\_\_\_\_

Date last attended UMass Lowell: Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_ Year \_\_\_\_\_

In which term do you want to begin readmission? September/Year \_\_\_\_\_ January/Year \_\_\_\_\_ Summer/Year \_\_\_\_\_

During your absence did you attend other institution(s)? No \_\_\_\_\_ Yes \_\_\_\_\_

Associate Degree Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes please list: \_\_\_\_\_

**If you received an Associate Degree during your absence an official transcript indicating the date the associate degree was awarded must be submitted with this application. Transfer credit will only be considered if official transcripts are included with this application.**

**Please submit Official Transcripts from all listed institutions with this Application.**

Courses taken while absent from UML and submitted for transfer credit after the student is readmitted **will not** be allowed.

Signature: \_\_\_\_\_

**(Enclose a non-refundable fee of \$60.00 – Check or Money Order only.)**

Applications must be submitted at least 30 days prior to the start of the semester in which readmission is requested. Applications needing the approval of Department Chairs, in some instances, may take up to 6 weeks.

**Supplementary Re-Admission Information:**

**Your application for readmission will not be processed unless you respond to the following questions.**

1. Have you ever been found responsible for a disciplinary violation at an educational institution you have attended from 9<sup>th</sup> grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct that resulted in your probation, suspension, removal, dismissal, or expulsion from the institution? Yes \_\_\_\_ No \_\_\_\_
2. Have you ever been convicted of a felony or other crime? Yes \_\_\_\_ No \_\_\_\_

If you answer "YES" to either or both questions, please submit a **separate sheet** that gives the approximate date of each incident and explains the circumstances. Mark the envelope **CONFIDENTIAL** and mail with the application to:

University of Massachusetts Lowell  
Office of the Registrar  
883 Broadway Street  
Lowell, MA 01854

You may also deliver the envelope in person to the Registrar's Office in Dugan Hall during regular work hours.

We will carefully review the circumstances surrounding your situation. A "yes" answer does NOT necessarily disqualify you for consideration for re-admission to the University of Massachusetts Lowell.

**The following section(s) are for office use only**

Automatic Readmission: \_\_\_\_\_

Readmit with Restrictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Return Application and fee to:** University of Massachusetts Lowell  
Office of the Registrar  
883 Broadway Street  
Lowell, MA 01854

Date Received: \_\_\_\_\_ Processed by: \_\_\_\_\_