University of Massachusetts Lowell

Learning with Purpose

SPONSORED GUEST FORM

PERSONAL DATA

1. FIRST NAME (Legal name, no nickname)	2. LAST NAME (Legal name, no nickname)	3. HR Direct ID (Leave blank if new)
4. ADDRESS		

5. CITY	6. STATE	7. ZIP	8.HOME PHONE	9. MOBILE PHONE
10. EMAIL	11. GENDER	12. DATE OF BIRTH	13.SOCIAL SECURITY NUMBER	

ROLE AND TERM (1 YEAR MAXIMUM)

14. BEGIN DATE	15. END DATE	16. DEPARTMENT	17. UML SPONSORS NAME	18. UML SPONSORS EMPLOYEE ID #

19. TYPE OF GUEST (Check one):

- ☐ Future Faculty
- ☐ Future Staff
- ☐ Academic Advisor
- ☐ Emeritus Faculty
- ☐ Off-Campus Supervisor

If you are one of the following types of guests, please proceed to box 20.

- ☐ Visiting Scholar
- ☐ ROTC
- ☐ Campus Security
- ☐ Volunteer
- ☐ Guest
- ☐ Other:_____
- ☐ Consultant
- ☐ Faculty Unpaid
- ☐ Researcher
- ☐ Temp Agency

20. ARE YOU A U.S. CITIZEN?

☐ Yes (Proceed to box 23) ☐ No (Proceed to box 21)

21. ARE YOU A LEGAL PERMANENT RESIDENT?

☐ Yes (Proceed to box 23) ☐ No (Proceed to box 22)

22. PLEASE SPECIFY:

CURRENT IMMIGRATION STATUS: _____

COUNTRY(IES) OF CITIZENSHIP: _____

23. ADDITIONAL INFORMATION

AUTHORIZATIONS / APPROVALS

By my signature below, I agree to abide by the terms and conditions of the Umass Lowell Acceptable Use Policy.

_____

GUEST SIGNATURE DATE

By my signature below, I certify the named person above is authorized to access University of Massachusetts Lowell facilities and services.

_____

SPONSOR SIGNATURE DATE EXTENSION

OFFICE USE ONLY

HR ENTRY: By (Initials):_____ Date:_____

Human Resources & Equal Opportunity and Outreach
Wannalancit Business Center
600 Suffolk Street, Suite #301, Lowell, MA 01854
HR General Line: 978-934-3560 Fax: 978-934-3045
Email: hr@uml.edu
www.uml.edu/hr