



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): <input type="checkbox"/> Future Faculty <input type="checkbox"/> Future Staff <input type="checkbox"/> Academic Advisor <input type="checkbox"/> Emeritus Faculty <input type="checkbox"/> Off-Campus Supervisor If you are one of the following types of guests, please proceed to box 20. <table border="0"> <tr> <td><input type="checkbox"/> Visiting Scholar</td> <td><input type="checkbox"/> Consultant</td> </tr> <tr> <td><input type="checkbox"/> ROTC</td> <td><input type="checkbox"/> Faculty Unpaid</td> </tr> <tr> <td><input type="checkbox"/> Campus Security</td> <td><input type="checkbox"/> Researcher</td> </tr> <tr> <td><input type="checkbox"/> Volunteer</td> <td><input type="checkbox"/> Temp Agency</td> </tr> <tr> <td><input type="checkbox"/> Guest</td> <td></td> </tr> <tr> <td colspan="2">Other: _____</td> </tr> </table>			<input type="checkbox"/> Visiting Scholar	<input type="checkbox"/> Consultant	<input type="checkbox"/> ROTC	<input type="checkbox"/> Faculty Unpaid	<input type="checkbox"/> Campus Security	<input type="checkbox"/> Researcher	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Temp Agency	<input type="checkbox"/> Guest		Other: _____		20. ARE YOU A U.S. CITIZEN? Yes (Proceed to box 23) No (Proceed to box 21)	
<input type="checkbox"/> Visiting Scholar	<input type="checkbox"/> Consultant															
<input type="checkbox"/> ROTC	<input type="checkbox"/> Faculty Unpaid															
<input type="checkbox"/> Campus Security	<input type="checkbox"/> Researcher															
<input type="checkbox"/> Volunteer	<input type="checkbox"/> Temp Agency															
<input type="checkbox"/> Guest																
Other: _____																
			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