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 residency 12 months prior to enrolling at and institution of higher education in Massachusetts?
________________________________________________________________________

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 qualify for in-state tuition and fees?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please submit this cover sheet along with the following:

___ In-State Tuition Eligibility Form   ___ Residency Reclassification Work Sheet   ___ Supporting documentation

How to submit application and documentation:

In person or by mail:  By email:
University of Massachusetts Lowell    Residency@uml.edu
220 Pawtucket St., Suite 420
Lowell, MA 01854
Enrollment & Student Success

FOR OFFICE USE ONLY

Approved:  __ Yes  __ No
__ SIS notation
__ Notify appropriate offices
__ Notify student
__ Create reclassification evaluation sheet
__ Term __________
__ Appeal Deadline ________________________
__ Outcome of appeal ________________________
__ Image to student record in DI

DATE RECEIVED

Revised April 2016