UNIVERSITY OF MASSACHUSETTS LOWELL
RESIDENCY / RECLASSIFICATION COVER SHEET

Last Name_______________________________ First Name_______________________________ MI ______
UMS#___________________________ Email ___________________________________________________
Phone# __________________________ Semester you are applying for ________________________________

If you are a returning student or continuing student:

What semester did you first enroll at UMass Lowell?

_______________________________________________________________________________________

What was your state/country of residence 12 months prior to enrolling 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
883 Broadway St.
Lowell, MA 01854
Enrollment & Student Success – Suite 104

FOR OFFICE USE ONLY:

☐ ISIS notation
☐ Notify appropriate offices
☐ Notify student
☐ Create cover sheet
☐ Scan
☐ Add to database

Date Received