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____ (GPS) Graduate, Online & Professional Studies

What was your state/country of residency 12 months prior to enrolling at an 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:  Residency@uml.edu
University of Massachusetts Lowell
220 Pawtucket St., Suite 420
Lowell, MA 01854
Enrollment Management

FOR OFFICE USE ONLY

Approved: Yes No
___ SIS notation
___ Notify appropriate offices
___ Notify student
___ Create reclassification evaluationsheet
___ Term _____________
___ Appeal Deadline __________________
___ Outcome of appeal __________________
___ Image to student record in DI

DATE RECEIVED

Revised September 2020