

# APPLICATION FOR READMISSION

OFFICE OF THE REGISTRAR  
220 PAWTUCKET STREET, UNIVERSITY CROSSING, SUITE M10  
LOWELL, MA 01854

phone: 978-934-2550  
fax: 978-934-4076  
email: [registrar@uml.edu](mailto:registrar@uml.edu)

\*This form is for former UML students that were previously accepted & enrolled in an undergraduate degree program at UML and left before receiving a degree.

## PERSONAL INFORMATION

Last Name  First Name  MI

SIS ID #  Date of Birth

Phone Number  E-mail Address

Street

City  State  Zip Code

Are you an international student?  Yes  No If "Yes" type of visa

### Race/Ethnicity

Are you Hispanic or Latino?  Yes  No

Please check one or more of the following groups in which you identify yourself as a member

Asian  Black or African American  Native Hawaiian or Pacific Islander  American Indian or Alaskan Native  White

## PROGRAM INFORMATION

Previously Attended:  Undergraduate  Online & Continuing Education

Degree program at the time of discontinuation

Program you are seeking readmission to

Term you want to begin readmission  Fall  Spring  Summer Year

Did you attend other institutions during your absence?  Yes  No

List School  Degree Earned

### Notes:

1. If you received an associate degree during your absence, an official transcript indicating the date the associate degree was awarded must be submitted with this application.
2. Transfer credit will only be considered if official transcripts are included with this application.

## REQUIRED SIGNATURES

The following programs will need a signature of approval from the department.

Nursing: \_\_\_\_\_  
Dr. Heidi Fantasia

Date

Exercise Science: \_\_\_\_\_  
Dr. Erik Swartz

Date

Nutritional Science: \_\_\_\_\_  
Dr. Kelsey Mangano

Date

Clinical Lab Sciences: \_\_\_\_\_  
Dr. Brenda Geiger

Date

## Supplementary Readmission Information

(Your application for readmission will not be processed unless you respond to the following questions.)

1. Have you ever been found responsible for a disciplinary violation at an educational institution you have attended from 9th grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct (not poor performance/low GPA) that resulted in your probation, suspension, removal, dismissal, or expulsion from the institution?

Yes  No

2. Have you ever been convicted of a felony or other crime?

Yes  No

**Note:** You are not required to answer "yes" to the criminal history question if the criminal adjudication or conviction:

- a) has been expunged, sealed, annulled, pardoned, destroyed, erased, impounded, or otherwise ordered by a court to be kept confidential;
- b) was a first conviction for misdemeanor drunkenness, simple assault, speeding, minor traffic violations, or disturbance of the peace;
- c) any conviction of a misdemeanor where conviction occurred more than five years prior to the date of this application, unless you were sentenced to imprisonment upon conviction of the misdemeanor, or you have been convicted of another criminal offense within the five-year period.

If you answer "Yes" to either or both questions above, please submit a separate sheet that gives the approximate date of each incident and explains the circumstances.

Mark the envelope CONFIDENTIAL and mail\* with the application to:

University of Massachusetts Lowell  
Office of the Registrar  
220 Pawtucket St., University Crossing, Suite M10  
Lowell, MA 01854

\*You may also deliver the envelope in person to The Solution Center during regular work hours.

We will carefully review the circumstances surrounding your situation. A "Yes" answer does not necessarily disqualify you for consideration for readmission to the University of Massachusetts Lowell.

\_\_\_\_\_  
Student Signature

Date

### Notes:

1. Return completed form and \$60 non-refundable fee (check or money order) by mail or in person to The Solution Center for processing. NO CASH is accepted.
2. Applications must be submitted prior to the first day of classes of the semester in which readmission is requested.
3. Applications needing the approval of department chairs, in some instances, will need additional processing time.

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### For Office Use Only:

Doc Type: Readmission

Processor Name  Date  Effective Term

Imager Name  Date  Verifier Name

Comments