

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

*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. Lisa Abdallah	Date <input type="text"/>
Exercise Science: _____	Dr. Erik Swartz	Date <input type="text"/>
Nutritional Science: _____	Dr. Kelsey Mangano	Date <input type="text"/>
Clinical Lab Sciences: _____	Dr. Nancy Goodyear	Date <input type="text"/>

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.

For Office Use Only:

Doc Type: Readmission

Processor Name Imager Name Effective Term

Date Date Verifier 1 Name

Verifier 2 Name