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 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:
University of Massachusetts Lowell  Residency@uml.edu
220 Pawtucket St., Suite 420
Lowell, MA 01854
Enrollment & Student Success

___ SIS notation
___ Notify appropriate offices
___ Notify student
___ Create reclassification evaluation sheet
___ Term __________
___ Appeal Deadline _________________________
___ Outcome of appeal ________________________
___ Image to student record in DI

FOR OFFICE USE ONLY

DATE RECEIVED

Approved:  __ Yes  __ No

__  SIS notation
__  Notify appropriate offices
__  Notify student
__  Create reclassification evaluation sheet
__  Term __________
__  Appeal Deadline _________________________
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Revised April 2016