

**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:

University of Massachusetts Lowell  
220 Pawtucket St., Suite 420  
Lowell, MA 01854  
Enrollment Management

By email:

[Residency@uml.edu](mailto:Residency@uml.edu)

**FOR OFFICE USE ONLY**

DATE RECEIVED

Approved: Yes No

SIS notation

Notify appropriate offices

Notify student

Create reclassification evaluation sheet

Term \_\_\_\_\_

Appeal Deadline \_\_\_\_\_

Outcome of appeal \_\_\_\_\_

Image to student record in DI \_\_\_\_\_