



University of
Massachusetts
Lowell

University of Massachusetts Lowell
Division of Graduate, Online & Professional Studies
GPS Admissions - Southwick Hall, Room 203
One University Avenue
Lowell, MA 01854-5022

Undergraduate Degree Program Application for Admission

Please Note: Return completed application form along with the \$60 application fee.

Student Information	Name:	Soc.Sec.#:*
	Address Line 1:	Home Phone:
	Address Line 2:	Work Phone: Mobile Phone:
	City: State: Zip:	Email:
	Occupation:	Other Name(s) Under Which Records Might Be Found:
	Employer:	Does Your Employer Offer Tuition Reimbursement? <input type="checkbox"/> Yes <input type="checkbox"/> No
<small>*UMass Lowell is required to request your correct social security number or tax identification number. The law requires that you furnish us with this information so that it may be included on an information return (1099-T) that we file with the IRS and give to you. You may use Form W-9S to provide this information to us. The 1099-T is used to determine your eligibility for federal educational tax credits when filing a federal income tax return.</small>		

Citizenship	All applicants must complete this section. Please check the appropriate boxes.		
	<input type="checkbox"/> I am a citizen of the United States.	<input type="checkbox"/> I am a non-U.S. citizen, living outside the U.S. applying for an online program.	
	<input type="checkbox"/> I am a Permanent Resident of the United States with a valid I-551 (green card); a citizen of _____ (country) Registration Number _____, Date issued _____. <small>Please send a copy (front and back) of your alien registration card to Graduate, Online & Professional Studies.</small>		
	<input type="checkbox"/> I am an international student and already hold a visa. My current status is <input type="checkbox"/> F-1 <input type="checkbox"/> J-1 <input type="checkbox"/> H-1 <input type="checkbox"/> Other _____ <small>Please note: Students holding a B-1, B-2, or F-2 visa will not be eligible for degree/certificate programs, or to enroll in classes.</small>		

Intended Major	<input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's	Indicate Intended major: (Required)
	Indicate Subplan or Concentration(s): (Required) <small>Note: If there is no subplan or concentration, please indicate "General"</small>	

Anticipated Admission Date	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Year: _____
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Learning Format	For programs that are offered online or on campus: Please indicate your preferred learning format (check one):			
	<input type="checkbox"/> On Campus	<input type="checkbox"/> Online	<input type="checkbox"/> Off-Campus Location	<input type="checkbox"/> Mixed (Online/On Campus)

Educational Background	List all high schools, colleges and post-secondary schools attended. The Right of Privacy Act requires that you must arrange to have all official transcripts sent from each institution attended. Students who do not have a high school diploma must forward an official copy of the GED.			
	Name of High School:		City, State of High School:	
	Date of Completion of High School:		Date of Completion of G.E.D. Certificate (if applicable):	
	Colleges, Universities, or Post-Secondary Schools attended (list most recent first):			
	Name of School	City	State	Dates
Highest Degree Held:				

Required Data	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
Optional	Ethnicity: 1) Are you Hispanic or Latino? <input type="checkbox"/> Yes, I am Hispanic or Latino <input type="checkbox"/> No, I am not Hispanic or Latino 2) Please check one or more of the following groups in which you identify yourself as a member.	
	<input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Multiracial <input type="checkbox"/> Other	
	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Still active duty	

Signature	I certify that the information furnished on this application is complete and accurate.	
	Signature:	Date:

Send Completed Applications and Official Transcripts to: University of Massachusetts Lowell, Division of Graduate, Online & Professional Studies - GPS Admissions, Southwick Hall - Room 203, One University Ave, Lowell, MA 01854-5022, or Fax to: (978) 934-4006. Questions? Call our Faculty and Student Support Center at (800) 480-3190 to speak with an advisor, or check out our website at <https://gps.uml.edu>.

Please Note: Your application will not be processed until the Division receives the following documents: 1) an official high school transcript or GED, 2) official college transcripts, and 3) international student IDs, if applicable. Applications are accepted on an ongoing basis and there is \$60 fee to apply. Upon receipt of all official documents, notification will be sent to students in four to six weeks. **If you have any questions regarding the application process, please call the Division of Graduate, Online & Professional Studies at (978) 934-2474 or email OCE_Admissions@uml.edu.** Applicants without any previous college experience must have an official transcript of their high school record or a copy of their GED forwarded. Applicants with previous college experience need not forward high school or GED transcripts if a high school diploma or GED is indicated on their college transcripts.

Undergraduate Degree Program Application for Admission
Personal Disclosure Questions *(required)*

Supplementary Admission Information: Your application for admission will not be processed unless you respond to the questions below.

Personal Disclosure	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, that resulted in your probation, suspension, removal, dismissal, or expulsion for the institution? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>(required)</i>	2. Have you ever been convicted of a felony or other crime? <input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "yes" to either or both of the 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 directly to:

University of Massachusetts Lowell
Division of Graduate, Online & Professional Studies
GPS Admissions - Southwick Hall, Room 203
1 University Avenue
Lowell, MA 01854-5022

You may also deliver the envelope in person to the Undergraduate Admissions Office during regular work hours.

We will carefully review the circumstances surrounding your situation. A "yes" answer does NOT necessarily disqualify you for consideration for admission to the University of Massachusetts.

Signature _____

The University of Massachusetts Lowell is an Equal Opportunity/Affirmative Action, Title IX, H/V, ADA 1990 University and does not discriminate on the basis of race, color, sex, age, religion, national origin, sexual orientation, disability or veteran status in its educational programs, activities, or employment policies.