UNIVERSITY OF MASSACHUSETTS DARTMOUTH
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 residence 12 months prior to enrolling at UMass Dartmouth?
__________________________________________________________________________________

If you are a returning or continuing student:

What semester did you first enroll at UMass Dartmouth?
__________________________________________________________

All students please answer the question below:

Why do you believe you (now) qualify for in-state tuition (Massachusetts residency for tuition purposes)?
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Please submit this cover sheet along with the following:

□ In-State Tuition Eligibility Form
□ Residency Classification Worksheet
□ Supporting documentation (see forms for a list of required documents)

Submit to:
UMass Dartmouth Registrar's Office
285 Old Westport Road
Dartmouth, MA 02747

FOR OFFICE USE ONLY:

○ ISIS notation
○ Notify appropriate offices
○ Notify student
○ Create cover sheet
○ Scan
○ Add to database
○ Term __________

Date Received