

**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**

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