



Learning with Purpose

Work Ready Life Ready World Ready

Distance Learning Program Application

Please type or print. Complete and return to the Office of Undergraduate Admissions.

Date of Application _____

Biographical Information:

Name _____
Last/Family First Middle Previous Name/s (if applicable)

Preferred Name: _____

U.S. Social Security Number ____-____-____ or Individual Taxpayer Identification # (ITIN)

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 (1098-T) that we file with the IRS and give to you. The 1098-T is used to determine your eligibility for federal educational tax credits when filing a federal income tax return.

Gender ___M ___F Date of Birth ____-____-____
Month day year

Citizenship ___U.S. ___Immigrant/Permanent Resident/ Refugee ___Other: _____

Alien Reg. Number _____ Date Issued: _____ Country: _____

(Enclose copies of both sides of Alien Registration Card.)

Race/Ethnicity Choose one or more categories (optional)

- | | | |
|---|--|---|
| <input type="checkbox"/> Black or African-American,
Non-Latino | <input type="checkbox"/> White/Non-Latino
North or South American | <input type="checkbox"/> Multiracial: please specify the
groups with which you
identify _____ |
| <input type="checkbox"/> Cape Verdean | <input type="checkbox"/> Indian/Alaskan: tribal
affiliation _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Latino or Hispanic | | |
| <input type="checkbox"/> Asian/Pacific Islander | | |

Contact Information:

Permanent Address _____
street city state zip+4 digits

Mailing Address _____
(if different) street city state zip+ 4 digits

Telephone (____) _____ E-Mail Address _____

Academic

Current high school _____ Current high school grade point average _____

Guidance Counselor: _____ Guidance Telephone: (____) _____

Guidance Counselor email: _____

Distance Learning Program Grade Release

I am interested in participating in the Distance Learning Program. I have approval from my guidance counselor and high school. I realize that my signature below allows UMass Lowell to release my grades to the high school for credits toward graduation. Attached is my UMass Lowell Application for Admission and official high school transcripts.

Course Number, section number & title:

Example: 42.101 101 College Writing I

Signature

By my signature, I certify that the information I have provided about my academic and personal history and residency is accurate and complete. Failure to disclose any required information could result in the denial of admission or retroactive administrative withdrawal from the University without refund or course credits. I understand that it is my responsibility to submit a completed application by the stated deadline. Failure to do so may result in my application being withdrawn without review.

Print Name _____ Applicant's Social Security No. ___ ___ / ___ ___ / ___ ___

Signature of applicant _____ Date _____

Parent's/Legal Guardian's Signature* _____ Date _____

*Signature is required for applicants under the age of 18 years.

Guidance Counselor Signature: _____

Please return Distance Learning Information to: Sandra Daigle,
Coordinator of Distance Learning Program
University of Massachusetts Lowell
Office of Undergraduate Admissions
883 Broadway Street Suite 110
Lowell, MA 01854-5104