



University of  
Massachusetts  
Lowell

*Learning with Purpose*

# SPONSORED GUEST FORM

## PERSONAL DATA

1. FIRST NAME (Legal name, no nickname)		2. LAST NAME (Legal name, no nickname)		3. HR Direct ID (Leave blank if new)	
4. ADDRESS					
5. CITY		6. STATE	7. ZIP	8. HOME PHONE	9. MOBILE PHONE
10. EMAIL		11. GENDER	12. DATE OF BIRTH	13. SOCIAL SECURITY NUMBER	

## ROLE AND TERM (1 YEAR MAXIMUM)

14. BEGIN DATE	15. END DATE	16. DEPARTMENT	17. UML SPONSORS NAME	18. UML SPONSORS EMPLOYEE ID #
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<p>19. TYPE OF GUEST (Check one):</p> <p><input type="checkbox"/> Academic Advisor</p> <p><input type="checkbox"/> Emeritus Faculty</p> <p><input type="checkbox"/> Off-Campus Supervisor</p> <p>If you are one of the following types of guests, please proceed to box 20.</p> <p><input type="checkbox"/> Visiting Scholar      <input type="checkbox"/> Consultant</p> <p><input type="checkbox"/> ROTC      <input type="checkbox"/> Faculty Unpaid</p> <p><input type="checkbox"/> Campus Security      <input type="checkbox"/> Researcher</p> <p><input type="checkbox"/> Volunteer      <input type="checkbox"/> Temp Agency</p> <p><input type="checkbox"/> Guest</p> <p><input type="checkbox"/> Other: _____</p>	<p>20. ARE YOU A U.S. CITIZEN?</p> <p><input type="checkbox"/> Yes (Proceed to box 23)      <input type="checkbox"/> No (Proceed to box 21)</p>
	<p>21. ARE YOU A LEGAL PERMANENT RESIDENT?</p> <p><input type="checkbox"/> Yes (Proceed to box 23)      <input type="checkbox"/> No (Proceed to box 22)</p>
	<p>22. PLEASE SPECIFY:</p> <p>CURRENT IMMIGRATION STATUS: _____</p> <p>COUNTRY(IES) OF CITIZENSHIP: _____</p>
	<p>23. ADDITIONAL INFORMATION</p>

## AUTHORIZATIONS / APPROVALS

<p>By my signature below, I agree to abide by the terms and conditions of the Umass Lowell Acceptable Use Policy.</p> <p>_____</p> <p>GUEST SIGNATURE      DATE</p>	<p>By my signature below, I certify the named person above is authorized to access University of Massachusetts Lowell facilities and services.</p> <p>_____</p> <p>SPONSOR SIGNATURE      DATE      EXTENSION</p>
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## OFFICE USE ONLY

HR ENTRY: By (Initials): \_\_\_\_\_ Date: \_\_\_\_\_