

Massachusetts Community Colleges In-State Tuition Eligibility Form

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LAST NAME

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FIRST NAME

MIDDLE NAME

ANY PREVIOUS LAST NAME

ADDRESS

CITY

STATE

ZIP

ENTER SOCIAL SECURITY #

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Optional, but required if seeking financial aid or tax credit.

DATE OF BIRTH

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MONTH

DAY

YEAR

STUDENT ID NUMBER

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ARE YOU A U.S. CITIZEN?

 YES NO

IF NOT, PLEASE COMPLETE THE FOLLOWING:

ARE YOU A PERMANENT RESIDENT?

 YES NO

IF YES, LIST ALIEN REGISTRATION NUMBER

IF YOU ARE NOT A U.S. CITIZEN OR PERMANENT RESIDENT, PLEASE STATE YOUR VISA OR IMMIGRATION STATUS IN DETAIL:

Please check the in-state or reduced tuition eligibility category that applies to you:

I HAVE BEEN A MASSACHUSETTS RESIDENT FOR SIX CONTINUOUS MONTHS AND INTEND TO REMAIN HERE.

As proof of my intent to remain in Massachusetts, I possess at least two of the following documents, which I shall present to the institution upon request. These documents* are dated within one year of the start date of the academic semester for which I seek to enroll (except possibly for my high school diploma). The institution reserves the right to make any additional inquiries regarding the applicant's status and to require submission of any additional documentation it deems necessary. Please check-off those documents you possess as proof of your intent to remain in Massachusetts.

VALID DRIVER'S LICENSE

UTILITY BILLS*

EMPLOYMENT PAY STUB*

VALID CAR REGISTRATION

VOTER REGISTRATION*

STATE/FEDERAL TAX RETURNS*

MASS. HIGH SCHOOL DIPLOMA

SIGNED LEASE OR RENT RECEIPT*

MILITARY HOME OF RECORD*

RECORD OF PARENTS' RESIDENCY FOR UNEMANCIPATED PERSON*

OTHER

I AM AN ELIGIBLE PARTICIPANT IN THE NEW ENGLAND BOARD OF HIGHER EDUCATION'S REGIONAL STUDENT PROGRAM.

I AM A MEMBER OF THE ARMED FORCES (OR SPOUSE OR UNEMANCIPATED CHILD) ON ACTIVE DUTY IN MASSACHUSETTS.

Certification of Information

I certify that this information is true and accurate. I understand that any misrepresentation, omission or incorrect information shall be cause for disciplinary action up to dismissal, with no right of appeal or to a tuition refund.

Signature of Applicant

I certify that all above information is true.

Date

Signature of Parent

If applicant is under 18 years of age.

Date

For official use. Do not write in this box.

I have reviewed the above information in order to determine this individual's eligibility to receive the in-state tuition rate. Based on my review I have determined that this individual:

IS eligible for the in-state tuition rate.

IS NOT eligible for the in-state tuition rate.

I am unable to make a determination at this time. The following additional information has been requested from the applicant:

Authorized College Personnel Signature

Date