

LEGAL LAST NAME		LEGAL FIRST NAME		MIDDLE NAME	
PREFERRED NAME		ANY PREVIOUS LAST NAMES			
ADDRESS			CITY	STATE	ZIP
SOCIAL SECURITY #: <small>Optional, but required if seeking financial aid or tax credit.</small>		DATE OF BIRTH		MM / DD / YYYY	
SEX	GENDER	HIGH SCHOOL GRADUATE		DO YOU HAVE A GED/HISET?	
CELL PHONE		HOME PHONE		NAME OF HIGH SCHOOL	
EMAIL ADDRESS (PLEASE PRINT NEATLY)			HIGHEST COLLEGE DEGREE EARNED		
			<input type="checkbox"/> ASSOCIATES <input type="checkbox"/> BACHELORS <input type="checkbox"/> MASTERS		

Citizenship

U.S. CITIZEN PERMANENT RESIDENT CARD (GREEN CARD)

If yes, enter Alien Registration number _____ If no, enter type of Visa. _____

WILL YOU REQUIRE A STUDENT VISA TO ATTEND NSCC? YES NO

Ethnicity <i>Choose one</i>	Race <i>Please select one or more categories to describe yourself.</i>
<input type="checkbox"/> HISPANIC/LATINO <input type="checkbox"/> NON-HISPANIC/LATINO	<input type="checkbox"/> AMERICAN INDIAN/ ALASKAN NATIVE <input type="checkbox"/> NATIVE HAWAIIAN/ PACIFIC ISLANDER <input type="checkbox"/> ASIAN
	<input type="checkbox"/> WHITE <input type="checkbox"/> CAPE VERDEAN <input type="checkbox"/> BLACK/ AFRICAN AMERICAN

STUDENT'S SIGNATURE _____ DATE _____

X

Credit course cost is \$223 per credit. *The Board of Trustees reserves the right to increase tuition and fees without prior notice.*

CRN	COURSE CODE	SEC	COURSE TITLE	DATE	TIME	CREDITS	COST

<i>Additional fees may apply to certain courses or programs. Visit www.northshore.edu/paying/cost for details.</i>	Lab fee for Science courses	+\$45.00 per Science course	
	NSCC Facility fee	+\$50.00	
	MASSPirg donation	+\$ 9.00	<input type="checkbox"/> Waive

TOTAL COST: \$ _____

Payment Information

Include a check or money order for total amount due payable to NSCC. If you would like to use MasterCard/VISA/Discover, fill in all credit card information. (Required for fax-in registrations)

MASTERCARD VISA DISCOVER ACCOUNT # _____

EXPIRATION DATE _____
MONTH YEAR

CARD HOLDER'S SIGNATURE _____ CWV CODE _____

X

ADDRESS _____ CITY _____ STATE _____ ZIP _____

Parent/Guardian Info for Students under age 18

LAST NAME		FIRST NAME	
ADDRESS		CITY	STATE ZIP
CELL PHONE		HOME PHONE	
EMAIL ADDRESS (PLEASE PRINT NEATLY)			

LAST NAME		FIRST NAME	
MIDDLE NAME		ANY PREVIOUS LAST NAMES	
ADDRESS			
CITY		STATE	ZIP
SOCIAL SECURITY #: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		DATE OF BIRTH MM / DD / YYYY	
STUDENT ID #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

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.

- | | | |
|---|--|---|
| <input type="checkbox"/> VALID DRIVER'S LICENSE | <input type="checkbox"/> UTILITY BILLS* | <input type="checkbox"/> EMPLOYMENT PAY STUB* |
| <input type="checkbox"/> VALID CAR REGISTRATION | <input type="checkbox"/> VOTER REGISTRATION* | <input type="checkbox"/> STATE/FEDERAL TAX RETURNS* |
| <input type="checkbox"/> MASS. HIGH SCHOOL DIPLOMA | <input type="checkbox"/> SIGNED LEASE OR RENT RECEIPT* | <input type="checkbox"/> MILITARY HOME OF RECORD* |
| <input type="checkbox"/> RECORD OF PARENTS' RESIDENCY FOR UNEMANCIPATED PERSON* | | <input type="checkbox"/> 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 Date
I certify that all above information is true.

Signature of Parent Date
If applicant is under 18 years of age.

For official use. Do not write in this box.

I have reviewed the above information in order to determine applicant's eligibility to receive the in-state tuition rate.

Based on my review I have determined this applicant:

_____ 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