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|--|------------|---|------|---|-----|
| 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 | | | |
| <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"/> | | MM | DD | YYYY | |
| SEX | GENDER | HIGH SCHOOL GRADUATE | | DO YOU HAVE A GED/HISET? | |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 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 |
|-----|-------------|-----|--------------|------|------|---------|------|
| | | | | | | | |
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|--|-----------------------------|-----------------------------|--------------------------------|
| <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"/> | 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