MASSACHUSETTS COMMUNITY COLLEGES – IN-STATE TUITION ELIGIBILITY FORM

Last Name _____ First Name _____ MI _____

Street Address _____

City _____ St _____ Zip _____

SSN# or Student ID Number _____ Date of Birth _____

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 US 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 (6) continuous months and intend to remain here.

As proof of my intent to remain in Massachusetts, I possess at least two (2) of the following documents, which I shall present to the institution upon request. These documents* are dated within one (1) 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 unemanicpated 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 unemanicpated 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.

Applicant Signature: _____ Date _____

Parent/Guardian Signature (Applicant is under 18 years old): _____ Date _____

For Official Use Only – Do not write in this box

I have reviewed the above information 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: _____ Date _____