

MASSACHUSETTS COMMUNITY COLLEGES – IN-STATE TUITION ELIGIBILITY FORM

Last Name _____ First Name _____ MI _____

Street Address _____ City _____ State _____ Zip Code _____

SSN or Student I.D. 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 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 (6) 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 the 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 or 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.

Student please sign or print name here: _____ Date _____

Parent/Guardian sign or print name here: _____ Date _____
(if applicant is under 18)

FOR OFFICIAL USE ONLY – 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: _____ Date _____