

|   |  |                         |                |
|---|--|-------------------------|----------------|
| 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"/> <input type="text"/> <input type="text"/><br><small>Optional, but required if seeking financial aid or tax credit.</small> |  | 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"/> <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: \_\_\_\_\_

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**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