

**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 category that applies to you:**

1. \_\_\_\_\_ 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 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 or GED 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 unemancipated person*	_____ Other _____	

2. \_\_\_\_\_ I am an eligible participant in the New England Board of Higher Education's Regional Student Program.  
*(I am a resident of Rhode Island or Connecticut or Maine or New Hampshire or Vermont.)*

3. \_\_\_\_\_ 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.

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 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 \_\_\_\_\_