



**MASSACHUSETTS COMMUNITY COLLEGES - IN-STATE TUITION ELIGIBILITY FORM**

*Please Print*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_  
 Date of Birth (MM/DD/YY): \_\_\_\_\_ SSN# or QCC I.D. Number: \_\_\_\_\_  
 Current Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Are you a U.S. Citizen? Yes  No

*If you are not a U.S. Citizen at this time, 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 type or immigration status: \_\_\_\_\_

**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 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 unemancipated person* | _____ Other type: _____             |                                  |

\_\_\_\_\_ I am an eligible participant in the **New England Board of Higher Education's Regional Student Program (CT, ME, NH, RI, VT).**

\_\_\_\_\_ I am a member of the armed forces/military (or spouse or unemancipated child) on active duty in Massachusetts.

\_\_\_\_\_ I am not a Massachusetts Resident. If not a Massachusetts Resident or **have not lived in MA for 6 months** as stated above **what state are you from?** \_\_\_\_\_

**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 OFFIC 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. Base 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 because of lack of evidence(s)/document(s).
- I am unable to make a determination at this time. The additional information has been requested from applicant: \_\_\_\_\_

Authorized College Personnel: \_\_\_\_\_ Date: \_\_\_\_\_