

## REGISTRATION FORM

Students must meet all pre/co-requisite requirements. Additional fees may be applied to your bill and anyone who enrolls and fails to attend classes is subject to full tuition and fee/charges.

Lack of attendance or course abandonment does not constitute an official drop/withdrawal. Students must officially drop or withdraw from class in order to be reimbursed according to the published Refund and Withdrawal Schedule. Please view our '[Academic Calendars](#)', '[Refund and Withdrawal Schedule](#)' for further information.

**PLEASE PRINT CLEARLY IN BLUE/BLACK INK**

\_\_\_\_\_ OR \_\_\_\_\_  
MassBay 7-Digit Student ID Number Social Security Number (optional)

\_\_\_\_\_  
First Name Middle Initial Last Name

\_\_\_\_\_  
Birth Date (mm/dd/yyyy) Gender:  Female  Male Home Phone Cell Phone

Ethnic Group:  American Indian or Alaskan Native  Asian  Black/African American  
 Cape Verdean  Hispanic/Latino  Native Hawaiian or Pacific Islander  White

\_\_\_\_\_  
Permanent Address City/ State/ Zip Code/ Country

\_\_\_\_\_  
Mailing Address (if different from above) City/ State/ Zip Code/ Country

\_\_\_\_\_  
Personal Email Address Military Status:  Active Duty  Active Reserve  Veteran  Not Veteran

**PLEASE COMPLETE**

**Reason for Attending:**

ASSOCIATE DEGREE  
 ASSOCIATE W/ TRANSFER  
 CERTIFICATE  
 TRANSFER  
 ENRICHMENT  
 OTHER: (please explain)

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**Academic Program at MassBay:**

  
  
  

**Semester and Year:**

FALL 20\_\_\_\_\_

WINTER 20\_\_\_\_\_

SPRING 20\_\_\_\_\_

SUMMER 20\_\_\_\_\_

Four (4) Digit Number	Class	Title	Credit*	Days	Start Time	End Time	Location	Session

\*If you wish to AUDIT a course instead of earning credit/grade for the course, please write AUD in the 'Credit' box above for each course you wish to audit. Audit status cannot be changed after Add/Drop period.

\_\_\_\_\_  
Student Signature (required) Date MassBay Advisor/ Instructor Name and Signature Date

If you are on an 'International Student Visa', the International Student Advisor signature is REQUIRED before processing.

\_\_\_\_\_  
MassBay International Student Advisor Name and Signature Date

ADVISOR/INSTRUCTOR NOTES (pre/co-requisites, enrollment restrictions, course over enrollment, etc):

# MASSACHUSETTS COMMUNITY COLLEGES- IN-STATE TUITION ELIGIBILITY FORM

This form is used to determine tuition and fee charges. **If this page is not completed entirely you will be considered an out-of-state resident for the calculation of tuition and fee charges.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

SSN or Student ID: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Are you a United States Citizen?  Yes  No If not please complete the following.

Do you hold a Permanent Resident Visa?  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 tuition eligibility category that applies to you below

As proof of my intent to remain in Massachusetts, I possess at least two (2) of the following documents, which I may present to the institution upon request. Requested documents must be dated from **six (6) months to one (1) year** of the academic semester start date for which I am seeking enrollment.

I have not been a Massachusetts resident for six (6) continuous months.

I have been a Massachusetts resident for six (6) continuous months and intend to remain here.

### Please check off two (2) 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 or Federal tax returns

Massachusetts High School diploma

Signed lease or rent receipt

Military home of record

Record of parents' residency for un-emancipated person

Other: \_\_\_\_\_

The institution reserves the right to make additional inquiries regarding the student's status and may require the student to submit additional documentation as necessary.

I am an eligible participant in the New England Board of Higher Education's Regional Student Program.  
(Non-Massachusetts residents)

I am a member of the armed forces (spouse or un-emancipated child) on active duty in Massachusetts.

## Certificate 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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature and Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

(If student is under the age of 18)

### FOR OFFICIAL USE ONLY:

I have reviewed the above information in order to determine this student's eligibility to receive in-state tuition rate.

Based on my review I have determined that this student:

\_\_\_\_\_ IS eligible for in-state tuition rate

\_\_\_\_\_ Is NOT eligible for in-state tuition rate

\_\_\_\_\_ I am unable to make a determination at this time. The following additional information has been requested from the student: \_\_\_\_\_

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