



Office of the Registrar
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NON-DEGREE REGISTRATION FORM

Students must meet all pre/co-requisite requirements. Additional fees may be applied to your bill and anyone who enrolls, in any acceptable way, and fails to attend classes is subject to full tuition and fee/charges. 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 & LEGIBLY IN BLUE/BLACK INK

First Name _____ **Middle Initial** _____ **Last Name** _____

_____ **Gender:** Female Male

Social Security Number (optional) _____ **Birth Date (mm/dd/yyyy)** _____ **Permanent Phone** _____ **Cell Phone** _____

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

Military Status: Active Duty Active Reserve Veteran Not Veteran

Permanent Address _____ **City/ State/ Zip Code/ Country** _____

Mailing Address (if different from above) _____ **City/ State/ Zip Code/ Country** _____

Personal Email Address _____

Semester/Year (please complete): 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 AUDIT in the 'Credit' box above for each course you wish to audit. Audit status can't be changed after Add/Drop period.

Student Signature (required) _____ **Date** _____

-SELF-CERTIFICATION OF PRE-REQUISITE-

This form is used to determine whether you have satisfied the pre/co-requisite coursework, if any, required to enroll in the course. If any courses you are enrolling in have pre/co-requisites and this section is not completed, your request will not be processed and you may lose your seat in the course. Please review the course description of the course you want to enroll in by viewing the [Course Master](#) and clicking the course title of the course. If you are enrolling in a course that has a pre/co-requisite, you must be able to demonstrate successful completion of the pre-requisite course, if requested by MassBay, through a college transcript or grade report, official or unofficial.

Please complete the pre-requisite verification category for each that applies to you below

As proof of my successful completion (D or higher unless otherwise stated) of the pre-requisite course, I am able to provide a transcript or grade report, which I may present to MassBay upon request.

COURSE ONE (1):

Four (4) Digit Number	Class	Title	Credit*	Days	Start Time	End Time	Location	Session
Pre-Requisite Course (completed)		Institution where Pre-Requisite Completed			Semester		Grade Earned	

COURSE TWO (2):

Four (4) Digit Number	Class	Title	Credit*	Days	Start Time	End Time	Location	Session
Pre-Requisite Course (completed)		Institution where Pre-Requisite Completed			Semester		Grade Earned	

COURSE THREE (3):

Four (4) Digit Number	Class	Title	Credit*	Days	Start Time	End Time	Location	Session
Pre-Requisite Course (completed)		Institution where Pre-Requisite Completed			Semester		Grade Earned	

COURSE FOUR (4):

Four (4) Digit Number	Class	Title	Credit*	Days	Start Time	End Time	Location	Session
Pre-Requisite Course (completed)		Institution where Pre-Requisite Completed			Semester		Grade Earned	

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

The information below 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 may 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 may 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 or Print Name: _____ Date: _____

Parent/Guardian Signature or Print Name: _____ Date: _____

(If student is under the age of 18)

FOR OFFICIAL USE ONE:

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: _____