

**MASSACHUSETTS PUBLIC HIGHER EDUCATION INSTITUTIONS**  
**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 you are not a U.S. Citizen, please state your immigration status in detail: \_\_\_\_\_

**Please check the in-state or reduced tuition eligibility category that applies to you:**

\_\_\_\_\_ *For Community College applicants:* I have been a Massachusetts resident for six (6) continuous months and intend to remain here.

\_\_\_\_\_ *For State College and UMass applicants:* I have been a Massachusetts resident for twelve (12) 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.**

_____ Driver's license	_____ Mass. High School Diploma	_____ Employment pay stub
_____ Car registration	_____ Voter registration	_____ State/Federal tax returns
_____ Utility bills	_____ Signed lease or rent receipt	_____ Military home of record
_____ Record of parents' residency for unemancipated person	_____ 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.

**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 \_\_\_\_\_