



Office of the Registrar

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REGISTRATION FORM

The student is responsible for meeting all the graduation requirements for the program. Additional fees may be applied to your bill & anyone who registers, in any acceptable way, and fails to attend classes is still subject to full tuition & fee charges. Students must officially drop or withdraw from class in order to be reimbursed according to the published refund schedule. To fill out this form: Save this form to your desktop as a pdf and open the pdf version on your desktop; enter the required information onto both pages of the form; print and sign both pages of the printed form. The form may be mailed to the address above, scanned and e-mailed as an attachment, or faxed. Phone numbers & email addresses entered on this form will be used for the College's emergency notification system. Contact the Office of Public Safety for more information or to opt out.

REASON FOR ATTENDING:
[ ] ASSOCIATE DEGREE
[ ] ASSOCIATE W/ TRANSFER
[ ] CERTIFICATE
[ ] TRANSFER
[ ] ENRICHMENT / NON-CREDIT
[ ] OTHER: (Please explain)
ACADEMIC PROGRAM:
SEMESTER & YEAR:
FALL 20
WINTER 20
SPRING 20
SUMMER 20

- 1. Social Security Number (optional) OR Student ID
2. Last Name First Name Middle Init.
3. Birth Date (mm/dd/ccyy) 4. Gender: Female Male 5. Home Phone Cell Phone
6. Ethnic Group: American Indian or Alaskan Native Hispanic / Latino White Asian Cape Verdean Black / African American Native Hawaiian or Pacific Islander
7. Permanent Address City / State / Postal Code / Country
8. Mailing Address (If different from above) City / State / Postal Code / Country
9. Personal E-mail Address 10. Military Status: Active Military Active Reserve Veteran Not a Veteran
11. Residency Status (See page-2 or back side): Complete page-2 or back side of this form for the purpose of tuition & fee charges. If page-2 or the back side is not completed, you will be considered an out-of-state resident for the calculation of tuition & fee charges.

Table with 8 columns: 4-Digit Class Number, Course Subject & Number, Section Number, Course Title, Meeting Days, Meeting Times, Campus, Credits

Do you wish to audit a course? If yes, please write AUDIT in the 'Credits' box for each course you wish to audit above.
Are you on an International Student Visa? If yes, the International Student Advisor is REQUIRED to sign below before processing.

Student Please sign or print name here Date Advisor / Instructor Sign Here Date

ADVISOR/INSTRUCTOR NOTES (prerequisites, co-requisites, enrollment restrictions etc.):

# 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 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 two of the following documents, which I shall present to the institution upon request. These documents\* are **dated within one 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 the documents you possess as proof of your intent to remain in Massachusetts.**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Valid driver's license                                 | <input type="checkbox"/> Utility bills*                | <input type="checkbox"/> Employment pay stub*          |
| <input type="checkbox"/> Valid car registration                                 | <input type="checkbox"/> Voter registration*           | <input type="checkbox"/> State or Federal tax returns* |
| <input type="checkbox"/> Mass. high school diploma                              | <input type="checkbox"/> Signed lease or rent receipt* | <input type="checkbox"/> Military home of record*      |
| <input type="checkbox"/> Record of parents' residency for unemancipated person* |  | <input type="checkbox"/> 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.

Student please sign or print name here: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian sign or print name here: \_\_\_\_\_ Date \_\_\_\_\_  
(if applicant is under 18)

<p>FOR OFFICIAL USE ONLY – DO NOT WRITE IN THIS BOX</p> <p>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:</p> <p>[ ] IS eligible for the in-state tuition rate.</p> <p>[ ] IS NOT eligible for the in-state tuition rate.</p> <p>[ ] I am unable to make a determination at this time. The following additional information has been requested from the applicant: _____</p> <p>Authorized College Personnel: _____ Date _____</p>
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