



This form is intended for visiting students who will be enrolling in credit courses but do not intend to enroll in a degree or certificate program at this time.

If you wish to complete a degree or certificate program at Middlesex please fill out an Application for Admission to the college.

Visiting students must meet the individual prerequisites for credit courses as listed in the college catalog and are encouraged to work with an Academic Advisor.

Student Information - Please print clearly.

We need this information to contact you in regards to course updates.

Social Security Number: \_\_\_\_\_

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

Preferred Name: \_\_\_\_\_

Female Male Date of Birth: \_\_\_\_\_ Month Day Year

Current Address: \_\_\_\_\_ Street Number and Name City State Zip Code

Phone Number (Home): \_\_\_\_\_ Area Code Phone Number Extension

Phone Number (Cell): \_\_\_\_\_ Area Code Phone Number Extension

E-mail: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

High School Information (for credit students only)

Did you earn a High School Diploma?: Yes No HiSET or GED?: Yes No Approved homeschool program Date of GED or HiSET certificate: \_\_\_\_\_

Name of High School: \_\_\_\_\_ Date of graduation: \_\_\_\_\_ Month Year

If you graduated from high school in 2003 or later, check one:

- I earned my high school diploma and met MCAS requirements
I earned my Massachusetts Certification of Attainment
I earned my high school diploma from a school that did not have MCAS requirements
\*If you do not have a high school diploma or its equivalent, you must have approval to enroll from the Admissions office

I certify that all information stated on this application is accurate and complete.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature (if under age 18): \_\_\_\_\_ Date: \_\_\_\_\_

Table with 10 columns: CRN#, Course#, Section#, Course Title, Credits, Day, Location, Lab Fee, Course Charge, Total. Row 1: 10074, ART 126, 30, Painting I - (Sample), 3, MW, HH - 107, 0, , .

# Massachusetts Community Colleges In-State Tuition Eligibility Form

Please print clearly.

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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 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:**

- |   |  |   |
|---|--|---|
| <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/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.*

Applicant's 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: \_\_\_\_\_