

**Complete if a Massachusetts Resident or Participant in the New England Regional Program
Massachusetts Public Higher Education Institutions In-State Or Reduced 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 Are you a Permanent Resident? Yes No If yes, please provide Alien

Registration Number: _____ If you are not a U.S. Citizen or Permanent Resident,
please state your 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 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 a minimum of one (1) year prior to 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"/> Driver's license | <input type="checkbox"/> Mass. High School Diploma | <input type="checkbox"/> Employment pay stub |
| <input type="checkbox"/> Car registration | <input type="checkbox"/> Voter registration | <input type="checkbox"/> State/Federal tax returns |
| <input type="checkbox"/> Utility bills | <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 not a Massachusetts resident, however I am an eligible participant in the New England Board of Higher Education's Regional Student Program. Visit www.fitchburgstate.edu/nersp for a list of eligible programs.

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 University Personnel: _____ Date _____