



CHANGE OF RESIDENCY STATUS REQUEST FORM

Name: _____ Student ID Number: _____

Email Address: _____ Phone Number: _____

Current Address:

Street Address *City* *State* *Zip Code*

I have resided at my current address since this date (month/day/year): _____

Please answer questions 1, 2 AND 3 below:

1. **Race/Ethnicity – SELECT AS MANY AS APPLY** American Indian/Alaskan Asian Black/African American Native Hawaiian or other Pacific Islander White Other _____
2. **Are you Hispanic/Latino?** Yes No
3. **Are you a veteran of the U.S. Armed Forces?** Yes No

REQUIRED INFORMATION – Choose ONE only

1. **Are you a United States Citizen?** Yes No
2. **Are you a Permanent Resident?** Yes No If YES, list alien registration number: _____
3. **If you are not a U.S. Citizen or Permanent Resident, please state your immigration status in detail:**
 _____ **Home Country** _____

If you are a U.S. Citizen or Permanent Resident, please answer the following:

I have been a Massachusetts resident for six (6) continuous months and intend to remain here. Yes No
 As proof of my intent to remain in Massachusetts, I possess at least 2 of the following documents, which I am presenting to the institution. These documents are dated at least six (6) months prior to the start date of the academic semester for which I seek to enroll.

- | | | |
|--|---|---|
| <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 return |
| <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 | | |

Certification

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: _____ Date: _____

Parent/Guardian Signature (Student is Under 18 Years Old): _____ Date: _____

➤ **Please return completed form and supporting documentation to the Admissions Office**

FOR OFFICIAL USE ONLY – DO NOT WRITE IN THIS BOX

I have reviewed the above information in order to determine the 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 not able to make a determination at this time. The following information has been requested of the student: _____

Authorized College Personnel: _____ Date: _____