

Residency Appeal Form for In-State Tuition Classification

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

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Student Banner 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: \_\_\_\_\_

Proof of intent to remain in Massachusetts:

\_\_\_\_\_ 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 a member of the armed forces (or spouse or unemancipated child) on active duty in Massachusetts.

\_\_\_\_\_ I am an eligible participant in the New England Board of Higher Education's Regional Student Program.

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 \_\_\_\_\_