



- For Non-matriculating students (not eligible for financial aid)
- For Readmit _____ Major
- For Noncredit student

Telephone (978) 630-9284 Enrollment Center

(978) 840-3221 (Leominster)

(978) 630-9569 (Devens)

(978) 630-9554 (Fax)

MWCC Student ID # (if known): _____ Social Security Number: _____

Term: ___ Fall 20___ ___ Spring 20___ ___ Summer 20___

Last name: _____ First name: _____ Middle: _____ Previous/maiden name: _____

Address: _____
PO Box _____ Street _____ City _____ State _____ Zip _____

Home phone: _____ Work phone: _____ Cell phone: _____ Email _____ @ _____

Last semester of MWCC enrollment: _____ Gender (optional) : ___ M ___ F Date of Birth (optional): _____

Ethnic Background: Please help us to determine how well MWCC serves our region by completing the following question. Do you identify yourself as:

- Hispanic or Latino
- Not Hispanic or Latino

Race: Select one or more races to indicate what you consider yourself to be.

- American Indian or Alaskan Native
- Asian
- Black or African American
- White
- Native Hawaii or Pacific Islander
- Cape Verdean

- Citizenship: US Citizen Non-US Citizen
- US Permanent Resident (Alien reg #: _____)
- Country of Citizenship (if not a US Citizen): _____
- State of Residency: MA (if lived in MA for 6 months prior to start of classes)
- Other _____ (please indicate)

Identity Security Question: What city were you born in? _____

Note: High school and college information is required for credit students

Date of high school graduation or GED Certificate issue: _____ Name of high school or GED test site: _____

City _____ State _____

Name(s) of previous college attendance, if any: _____

Signature _____ Date _____ Parent or Guardian Signature (if under 18) _____ Date _____

CRN#	SUBJECT	SECTION	Credits (if applicable)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The college considers "directory information" to be a student's name, city and state of billing address, program of study, enrollment status, degree or certificates earned, college email address, and academic honors received. Students wishing to keep this information confidential can request so in writing at the records office.

Payment Options:

Cash, check, money order, Visa, MasterCard, and Discover. For security purposes, we recommend that you do not write your credit card information on this form. If using a credit card, please call the Student Accounts office at (978) 630-9149, or current students can enter their information online at <http://studentaccounts.mwcc.edu>. Make checks payable to: Mount Wachusett Community College

Signature _____ Date _____

I confirm that I have met the proper prerequisites for the credit course(s) above by coursework or placement testing at _____ College/University.

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 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.**

- | | | | |
|--------------------------------|--|---------------------------------|-------------------------------------|
| _____ Valid Driver's license | _____ Utility bills* | _____ Employment pay stub* | _____ Valid Car registration |
| _____ Voter registration* | _____ State/Federal tax returns* | _____ Mass. High School Diploma | _____ Signed lease or rent receipt* |
| _____ Military home of record* | _____ Record of parents' residency for unemancipated person* | _____ 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 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: _____