

HIGH SCHOOL PERSONAL INFORMATION / RESIDENCY FORM

PERSONAL INFORMATION: PLEASE PRINT

Last Name _____ First Name _____ Middle Initial _____ Maiden Name _____

Address _____
(Street) (City) (State) (Zip Code)

SSN# _____ Date of Birth ____/____/____ Sex: ____ Male ____ Female

Home Phone _____ Cell Phone _____ Work Phone _____

E-mail _____

Name of High School _____ Anticipated Graduation Date ____/____/____

Please answer questions 1, 2 AND 3 below:

1. Race/Ethnicity- SELECT AS MANY AS APPLY American Indian/Alaskan Asian Black/African American
 White Native Hawaiian or other Pacific Islander Other _____

2. Are you Hispanic/Latino? Yes No

3. Are you a veteran of the U.S. Armed Forces? Yes No

4. REQUIRED INFORMATION - Choose ONE only

a) Are you a United States citizen? Yes No IF YES, GO TO BOX 5; if no continue to next question

OR

b) Are you a Permanent Resident? Yes No IF YES, LIST ALIEN REGISTRATION NUMBER: _____, if no go to next question

OR

c) If you are not a U.S. Citizen or Permanent Resident, please state your Visa or immigration status in detail: _____
_____ Home Country _____

5. REQUIRED - If you are a US citizen or permanent resident, select A or B or C.

A. 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 _____ | |

B. I am a member of the armed forces (or spouse or unemancipated child) on active duty in Massachusetts.

C. I am not a Massachusetts resident as defined in 5A. My home state is _____.

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 _____

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 rate
 IS NOT eligible for the in-state tuition rate
 I am not able to make the determination at this time. The following information has been requested of the applicant:

Authorized College Personnel: _____

Date: _____



QUINSIGAMOND
Community College

REGISTRATION FORM FOR CREDIT COURSES

QCC ID# _____

Last Name _____ First Name _____ Phone _____

Address _____
(Street) (City) (State) (Zip Code)

Name of High School _____ Year of Graduation _____

SEMESTER		WHAT ARE YOUR EDUCATIONAL GOALS?				
(Registering for)		<input type="checkbox"/> QCC Associate Degree				
<input type="checkbox"/> Fall		<input type="checkbox"/> QCC Certificate				
<input type="checkbox"/> Spring		<input type="checkbox"/> Enhance work skills, without receiving a degree				
<input type="checkbox"/> Summer I		<input type="checkbox"/> Take courses to qualify for another QCC Program of Study				
<input type="checkbox"/> Summer II		<input type="checkbox"/> Completing course for interest, without receiving a degree				
<input type="checkbox"/> Intersession		<input type="checkbox"/> Transfer courses to another institution, without receiving a degree				
		<input type="checkbox"/> Taking courses while considering educational options				
FIRST CHOICE SELECTIONS						
Course #	Sec. #	Course Title	Day & Time	Room	Instructor	Cr.
Prerequisites will be strictly adhered to. If you have taken the required prerequisite course(s) at another Institution for the above selection(s), please indicate below where the course was taken. Include copy of transcript. Course: _____ Course number and title: _____ Completed at: _____						

PERSONAL INFORMATION: Student's Signature _____ Date _____

FAX TO: 508.854.7542 Advisor's Signature _____ Date _____

IF APPLICABLE, FULL PAYMENT IS REQUIRED WITH THIS FORM.

Payments can be made by check payable to QCC or credit card (MasterCard, Visa, Discover) over the phone at **508.854.4560**.

For returning students, payments can also be made online via *The Q* (our Student and Faculty Portal). Students are required to notify the Registrar if they do not plan to attend and want to drop their classes. **If classes are not formally dropped, students are responsible for payment.**