



NORTH SHORE

COMMUNITY COLLEGE

A P C

Initial when complete

Required Documentation



LAST NAME/SURNAME		FIRST NAME	
MIDDLE NAME		ANY PREVIOUS LAST NAMES	
ADDRESS			
CITY		STATE	ZIP
COUNTRY			
SOCIAL SECURITY #: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		DATE OF BIRTH MM / DD / YYYY	
STUDENT ID #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

Are you a U.S. Citizen? Yes No

if , a f g.
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: _____

P

_____ I have been a Massachusetts resident for six continuous months and intend to remain here.

As proof of my intent to remain in Massachusetts, I possess at least two of the following documents, which I shall present to the institution upon request. These documents* are dated within one 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 _____ |

_____ 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.

C

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.

_____ I am a Massachusetts resident for at least six months before the start of the academic semester for which I am applying for admission. D

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F

I have reviewed the above information in order to determine applicant's eligibility to receive the in-state tuition rate. Based on my review I have determined this applicant:

_____ 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:

_____ D

A. I AM:

- I AM: A FIRST-TIME STUDENT
 A TRANSFER STUDENT

C. I WANT TO PURSUE A DEGREE:

A. I INTEND TO PURSUE A DEGREE
at SCCD
FIRST CHOICE: _____
SECOND CHOICE: _____

B. I PREFER UNSPECIFIED STATE OF STUDY AT THIS TIME.

B. EDUCATION:

1) HIGH SCHOOL EDUCATION

NAME OF HIGH SCHOOL OR GED TEST CENTER

- YES NO DID A PARENT SIGN YOUR PAPERWORK?
 YES NO DID YOU ATTEND?
 YES NO WILL YOU ATTEND?
 YES NO IS ENGLISH YOUR FIRST LANGUAGE?

NAME OF COLLEGE
GRADUATION DATE/DEGREE RECEIVED
NAME OF COLLEGE
GRADUATION DATE/DEGREE RECEIVED

R. OTHER INFORMATION:

Additional Information

Printed Name: _____
Date: _____