



WORCESTER STATE UNIVERSITY

TUITION RESIDENCY STATEMENT

Last Name: _____ First Name _____ MI _____

Address: _____
Street City State Zip

Social Security Number or Student I.D. Number _____ Date of Birth _____

Are you a U.S. Citizen? Yes No If no, are you a Permanent Resident? Yes No If yes, please

provide Alien Registration Number: _____ If you are not a U.S. Citizen, please state your
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 reasons other than educational purposes 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 and Federal tax returns (required for appeals)
- Utility bills Signed lease or rent receipt Military home of record
- Record of parents' residency for unemancipated person Other _____
- I am eligible to participate in the New England Board of Higher Education's Regional Student Program.
- I am not eligible to be classified as a Massachusetts resident for tuition purposes.
- 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's Signature: _____ Date _____

Parent/Guardian Signature (Applicant is under 18 Years Old): _____ Date _____

FOR OFFICIAL USE ONLY – DO NOT WRITE IN THE 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 eligible for the NEBHE program for tuition purposes
- 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 _____