



North Shore Community College Early College Dual Enrollment COURSE REGISTRATION FORM

FAX: 978-762-4015

MAILING ADDRESS
North Shore Community College
Early College
1 Ferncroft Road, Danvers, MA 01923

Please complete and return with payment by fax or mail

LAST NAME

FIRST NAME

MIDDLE NAME

YEAR OF GRADUATION

ADDRESS

CITY

STATE

ZIP

GENDER: FEMALE MALE

DATE OF BIRTH
MONTH DAY YEAR

HOME PHONE - -

CELL PHONE - -

EMAIL ADDRESS (please print neatly)

@

ETHNICITY INFORMATION: Optional

ARE YOU HISPANIC OR LATINO? YES NO

ARE YOU: Please check any that apply.

AMERICAN INDIAN OR ALASKA NATIVE
 CAPE VERDEAN

ASIAN
 WHITE

BLACK OR AFRICAN-AMERICAN
 NATIVE HAWAIIAN OR PACIFIC ISLANDER

1. STUDENT SIGNATURE

U.S Citizen Resident Alien (Green Card)

I meet the requirements for Massachusetts residency.

Generally, in order to qualify for the in-state tuition rate, applicants must have proof of Massachusetts residency. A resident is defined as a person who has lived for at least six (6) months in Massachusetts, and who intends to remain in Massachusetts indefinitely. International students and, under most circumstances, Non-Resident Aliens ARE NOT eligible for Massachusetts resident rates.

STUDENT SIGNATURE

DATE

Credit course cost is \$189 per credit. The Board of Trustees reserves the right to increase tuition and fees without prior notice.

CRN	COURSE CODE	SEC	COURSE TITLE	DATE	TIME	CREDITS	COST

2. PAYMENT INFORMATION

Include a check or money order for total amount due payable to nssc. if you would like to use mastercard/visa/discover, fill in all credit card information. (required for fax-in registrations.)

WAIVE MASSPIrg donation + \$9.00

TOTAL COST

\$

MASTERCARD VISA DISCOVER ACCOUNT #

CARD HOLDER'S SIGNATURE

EXP DATE (MONTH/YEAR) /

3. PARENT/GUARDIAN INFO FOR STUDENTS UNDER AGE 18

LAST NAME

FIRST NAME

ADDRESS

CITY

STATE

ZIP

HOME PHONE

CELL PHONE

EMAIL ADDRESS

MASSACHUSETTS COMMUNITY COLLEGES
In-State Tuition Eligibility Form

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LAST NAME

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FIRST NAME

MIDDLE NAME

ANY PREVIOUS LAST NAME

ADDRESS

CITY

STATE

ZIP

STUDENT ID NUMBER:

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DATE OF BIRTH

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MONTH DAY YEAR

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 _____

PLEASE CHECK THE IN-STATE OR REDUCED TUITION ELIGIBILITY CATEGORY THAT APPLIES TO YOU:

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 documents 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.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF PARENT (if applicant is under 18 years of age)

DATE

FOR OFFICIAL USE. DO NOT WRITE BELOW THIS AREA: 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.

IS NOT I am unable to make a determination at this time. The following additional information has been requested from the applicant

AUTHORIZED COLLEGE PERSONNEL SIGNATURE

DATE