

# Framingham State College Tuition Residency Form

PLEASE READ THE TUITION CLASSIFICATION RULES AND REGULATIONS FOR CLASSIFICATION AS A MASSACHUSETTS STUDENT

(SEE REVERSE SIDE OF THIS FORM)

Student's Full Legal Name \_\_\_\_\_

Student's Social Security Number \_\_\_\_\_ Sex: (check one) Male \_\_\_\_\_ Female \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_ City and State of Birth \_\_\_\_\_  
Month/Day/Year City, State

Are you a U.S. Citizen? (check one) Yes \_\_\_\_\_ No \_\_\_\_\_ If not, Alien Registration Number \_\_\_\_\_

Is your Visa Temporary \_\_\_\_\_ or Permanent \_\_\_\_\_

Are you or either (or both) of your parents a member of the Armed Forces on Active Duty in Massachusetts? (check one) Yes \_\_\_\_\_ No \_\_\_\_\_

Student's Permanent Address: \_\_\_\_\_  
\_\_\_\_\_ since: \_\_\_\_\_  
Month/Day/Year

\*Parent's/Legal Guardian's Name(s): \_\_\_\_\_

Parent's/Legal Guardian's Permanent Address: \_\_\_\_\_  
\_\_\_\_\_ since: \_\_\_\_\_  
Month/Day/Year

ALL APPLICANTS MUST COMPLETE AND SIGN (UNDER THE PENALTIES OF PERJURY) THE APPROPRIATE SECTION BELOW:

## MASSACHUSETTS RESIDENTS COMPLETE THE SECTION BELOW

By my signature, I certify that I have read the Tuition Classification Rules and Regulations for the Classification of Students for Tuition Purposes on the back of this form and that I am aware of the appeals procedure under those rules and regulations. I acknowledge that concealment of facts or untruthful statements may cause me to be denied admission and/or dismissal from the College. *I also certify that pursuant to said rules and regulations I am domiciled in Massachusetts and have maintained a residence herein continuously since \_\_\_\_\_.*  
Month/Day/Year

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Month/Day/Year

\*Parent's /Legal Guardian's Signature : \_\_\_\_\_ Date \_\_\_\_\_  
Month/Day/Year

## NON-RESIDENTS OF MASSACHUSETTS COMPLETE THE SECTION BELOW

By my signature, I certify that I have read the Tuition Classification Rules and Regulations for the Classification of Students for Tuition Purposes on the back of this form and that I am aware of the appeals procedure under those rules and regulations. I acknowledge that concealment of facts or untruthful statements may cause me to be denied admission and/or dismissal from the College. I also certify that I am NOT a Massachusetts resident and I will be classified as an Out-of-State student for tuition purposes.

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Month/Day/Year

\*Parent's/Legal Guardian's Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Month/Day/Year

**\*If applicant is under the age of 18 years, the parent/legal guardian must sign the appropriate section. If indicating Massachusetts residency and a legal guardian has been appointed, proof of custody must be included with this form.**