Tuition Residency Reclassification Application Instructions

The instructions below do not comprise a comprehensive statement regarding tuition residency reclassification. Refer to the Massachusetts Residency for “Tuition Residency Classification” and “Tuition Residency Reclassification” sections of the Framingham State University Undergraduate Catalog.

Who should complete the “Tuition Residency Reclassification Application”?

1. If the student is financially independent (i.e., his or her parent(s) did not claim the student as a dependent on their most recent federal income tax return), then the student is the “claimant.” The student must complete Sections I and II on the reverse of this form and must submit all requested documents;
2. If the student’s parent or legal guardian claimed the student as a dependent on his/her/their most recent federal income tax return, and the parent/guardian can substantiate legal Massachusetts residency, then the parent/guardian is the “claimant.” The student must complete Section I on the reverse of this form. The parent/guardian must complete Section II of the form and must submit all requested documents;
3. If the student is legally married to a Massachusetts resident (occurring after the original tuition classification submitted to the Office of Admissions), then the spouse is the “claimant.” The student must complete Section I on the reverse of this form. The spouse must complete Section II of the form and must submit all requested documents.

All Claimants must submit the following required documents:

1. A fully completed “Tuition Residency Reclassification Application” found on the reverse of this form;
2. Documents establishing continuous physical presence in Massachusetts for the 12 months immediately prior to the first day of classes for the term in which residency is sought. These documents may include, but are not limited to, an apartment or home lease, a mortgage or deed, and letters of employment verification from employers for whom the claimant worked during the preceding 12 months;
3. A photocopy of the claimant's Massachusetts Driver's License, both sides (or in exceptional circumstances, a Massachusetts Identification Card);
4. A photocopy of the claimant's Massachusetts Vehicle Registration;
5. A photocopy of the claimant's Massachusetts Voter Registration Card;
6. Evidence that the claimant has annual financial resources from Massachusetts. This may be shown with photocopies of the most recent years W-2 form(s). A letter from the claimant’s employer certifying current employment, the date of hire and earnings during the preceding 12 months; or with documents establishing other sources of income from within Massachusetts (e.g., disability, Social Security, etc.). Note: Residency is not acquired by mere physical presence in Massachusetts while the person is enrolled in an institution of higher education (public or private).
7. State Tax Return for the most recent year ended.
8. Federal Tax Return for the most recent year ended.

If the Student is the Claimant:
In addition to the documents listed above, if the student is under the age of 25 then a copy of the parents' (both parents if filed separately) most recent federal tax return must be submitted establishing that the student is not their financial dependent.

If the Parent or Legal Guardian is the Claimant:
In addition to the documents listed above, the parent(s) or legal guardian also must provide a copy of his/her/their most recent federal income tax return that establishes the student as a dependent.

If the Spouse is the Claimant:
In addition to the documents listed above, a copy of the legal marriage license must be submitted.

If the Claimant and/or Student are Non-U.S. citizens:
In addition to the documents listed above, the student and the claimant must provide satisfactory permanent resident or visa documentation. NOTE: A student attending the University on a non-immigrant visa (A through T) is not eligible for Massachusetts In-State tuition.

• The submission of documents in itself does not qualify the student for Massachusetts residency for tuition purposes. The Office of the University Registrar will evaluate the submitted documents and all available information and will render an eligibility determination.
• FSC is authorized to make discretionary judgments as to residency within the bounds of the regulations and in reaching this professional judgment will evaluate all documents submitted and information available.
• All determinative documents must be dated at least 12 months before the first day of classes for the semester in which residency is sought and must be submitted to the Office of the University Registrar no later than the last day of the Course Add/Drop period for the semester in which the tuition residency reclassification is to take effect.
• All documents must be copied onto full sheets of paper. Half sheets, cut-outs, or any submitted document not on a full sheet of either 8 ½ x 11 or 8 ½ x 14 inch paper will not be accepted.

Please direct questions regarding tuition residency reclassification for tuition purposes to: Framingham State University
Office of the University Registrar
Dwight Hall 220
100 State Street
P. O. Box 9101
Framingham MA 01701-9101
508.626.4545
508.626.4589 (fax)

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Tuition Residency Reclassification Application

This application and all supporting documents must be filed no later than the last day of Course Add/Drop period for the semester in which the reclassification is to take effect. Refer to the “Academic Calendar” within the appropriate semester’s calendar for deadlines. The Office of the University Registrar will not provide a final decision until the student and the claimant, if different, have submitted all requested documents. Additional documentation may be requested from the Claimant after the required materials have been reviewed.

Section I: Student Information

Student’s Name: ________________________________________________________________________________________________

Student’s FSU ID#: _______________________________ or Student’s Social Security Number (SSN): __________________________

or Student’s Taxpayer Identification Number (TIN):__________________________

Student’s FSU E-mail: ________________________________________@student.framingham.edu

Student’s Phone (Cell preferred) Number: __________________________

Email will be used as primary means of communication.

Term for which Reclassification is requested (circle one): Fall Spring Year: __________

Section II: Claimant Information

The “claimant” is the person claiming Massachusetts residency. If the student is financially independent, then the student is the claimant. If the student is financially dependent, then the student’s parent or legal guardian is the claimant. If the student is married to a Massachusetts resident, the spouse may be the claimant. See the Tuition Residency Reclassification Application Instructions for information and definitions. All questions below pertain to the claimant. Note: A person shall be classified as a Massachusetts resident if he or she (or the parent of an unemancipated student) shall have resided in the Commonwealth of Massachusetts for purposes other than attending an educational institution (public or private) for twelve months immediately preceding the student’s entry or reentry as a student.

Claimant’s Name: _______________________________________________________________________________________________

Claimant’s Relationship to Student: _________________________________________________________________________________

Claimant’s Permanent Legal Address: _______________________________________________________________________________

Street Address Apt. #   City   State  Zip Code

Claimant’s E-mail: _____________________________________ Claimant’s Telephone (Cell preferred) Number: __________________

Email will be used as primary means of communication.

Date the Claimant began establishing legal Massachusetts residence and domicile:   /   /   \Month Day Year\Month Day Year (Date of Issue)

Claimant’s voter registration: State: _______ City/Town: __________________________

(If completing this item, a copy of the claimant’s voter registration card must accompany this form.)

Claimant’s driver’s license: State: _______ Number: __________________________

(If completing this item, a copy of the claimant’s currently active driver’s license must accompany this form.)

Claimant’s vehicle registration: State: _______ Plate#: __________________________

(If completing this item, a copy of the claimant’s current vehicle registration must accompany this form.)

If the Claimant is a non-U.S. citizen, the Claimant’s Resident alien #: __________________________

(If completing this item, a copy of the claimant’s resident alien card must accompany this form.)

Special Categories for Residency Eligibility

The following category is treated as an exception to the requirements indicated the reverse of this form. If you believe that you may qualify under this special category, mark appropriately, complete the application and provide detailed documentation to support your claim.

_____ Member of the Armed Forces on active duty, their spouse and/or dependent children.

(A copy of DD-214 or Active Duty Orders is required.)

I am the claimant and I have met all requirements for classification as a Massachusetts resident for tuition purposes. I understand that concealment of facts or false statement in this application may subject the student to be denied admission to the University or dismissal from the University.

Claimant’s Signature       Date

______________________________________________________________________________________________________________

Student’s Signature (required if Student is not the Claimant)   Date

______________________________________________________________________________________________________________

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