



MASSASOIT COMMUNITY COLLEGE

011717

STUDENT REGISTRATION FORM*

- Summer Session I 20_____
- Summer Session II 20_____

Mail completed form to:
 Registrar's Office
 One Massasoit Blvd., Brockton, MA 02302-3996
 registrar@massasoit.mass.edu
 or fax form with credit card authorization to:
 Fax: 508-427-1236

LAST NAME	FIRST NAME	MIDDLE NAME	SSN OR STUDENT I.D. NUMBER
STREET ADDRESS	CITY	STATE	ZIP CODE
CELL PHONE NUMBER	OTHER PHONE <input type="checkbox"/> HOME <input type="checkbox"/> WORK	DATE OF BIRTH (MM/DD/YYYY)	

*NOTE: ALL STUDENTS (ENROLLING IN CREDIT COURSES) MUST COMPLETE THE OTHER SIDE OF THIS FORM

Race/Ethnicity: (Optional) Do you consider yourself to be Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No In addition, select one or more racial categories to describe yourself: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Cape Verdean <input type="checkbox"/> Haitian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> High School student	<input type="checkbox"/> Veteran <input type="checkbox"/> Dependent of veteran <input type="checkbox"/> Member of the armed forces
---	--	--

Have you attended Massasoit before? Yes No Email address: _____

If you have a disability for which you believe you need a reasonable accommodation, please contact the Disabilities Services Providers at ext. 1805 or 2132.

NOTE: Please be advised that ceasing to attend a class DOES NOT constitute a withdrawal. If the proper form is not completed, a grade of Failure (F) will be recorded and financial aid, if awarded, may be cancelled.

CRN	COURSE/SECTION	COURSE TITLE	CREDITS

Non-degree students must submit proof of successful completion of prerequisite(s) along with the registration form.

TUITION REFUND POLICY: Credit courses: Withdrawal before classes begin: 100% of tuition and fees. Refunds after classes begin are based on the meeting time of the class. For full-semester courses, students have a period of one week from the first scheduled class meeting to add or drop a course with a 100% refund. During the second week of the scheduled class meeting, students will receive a 50% refund. From that point, there is no refund. Please see the refund schedule for all classes on our website at www.massasoit.edu/refund. Non-credit Courses: Withdrawals before the start of the first class are granted a full 100% refund. Withdrawals after the first class are refunded 0-50% depending on the length of the course.

Student Signature	Date
-------------------	------

PAYMENT BY: Credit Card <input type="checkbox"/> Check <input type="checkbox"/>	Cost Calculation: Please be sure to check current brochure for cost information. Credit Hours <input type="text"/> x \$195 = \$ <input type="text"/> + Course Fees (For Science, Allied Health & Online Courses) \$ <input type="text"/> + Student Insurance (9 Cr. hrs. or more) \$ <input type="text"/> + Community Education Courses \$ <input type="text"/> TOTAL AMOUNT DUE \$ <input type="text"/> <i>Tuition for non-Massachusetts residents (out-of-state and foreign) is \$401 per credit.</i>
--	---

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 	CHARGE CARD AUTHORIZATION <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> ACCOUNT NUMBER	MONTH YEAR <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> EXPIRATION DATE
--	---	---

NAME AS SHOWN ON CARD

SIGNATURE OF CARDHOLDER

MASSASOIT COMMUNITY COLLEGE
MASSACHUSETTS COMMUNITY COLLEGES IN-STATE TUITION ELIGIBILITY FORM

Last Name _____ First Name _____ MI _____

Street Address _____ City _____ State _____ Zip Code _____

SSN# or Student I.D. Number _____ Date of Birth _____

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: _____)*

If you are not a U.S. Citizen or Permanent Resident, please state your Visa or 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 six (6) 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.

- | | | |
|--|-------------------------------------|----------------------------------|
| _____ 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.

Applicant Signature: _____ Date: _____

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

FOR OFFICIAL USE ONLY - DO NOT WRITE IN THIS 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 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 College Personnel: _____ Date: _____

PRIVACY STATEMENT

By completing the registration form, I understand that the information will be held in confidence and Massasoit Community College will only disclose information to authorized school officials who act in the student's educational interest within the limitations of their "need to know" and to authorized government entities. Massasoit Community College strictly adheres to FERPA (Family Educational Rights and Privacy Act of 1974) (www.massasoit.edu/ferpa) which sets forth requirements regarding the privacy of student records. Any inquiries or concerns regarding the methods of holding data and types of data to be held may be addressed to the Vice President of Enrollment Management.

NOTICE OF NON-DISCRIMINATION

Massasoit Community College is an affirmative action/equal opportunity employer and does not discriminate on the basis of race, color, national origin, sex, disability, religion, age, veteran status, genetic information, gender identity or sexual orientation in its programs and activities as required by Title IX of the Educational Amendments of 1972, the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, Title VII of the Civil Rights Act of 1964, and other applicable statutes and college policies. The College prohibits sexual harassment, including sexual violence. Inquiries or complaints concerning discrimination, harassment, retaliation or sexual violence shall be referred to the Title IX Coordinator, Yolanda Dennis, Office of Diversity & Inclusion, 508-588-9100 x1309, Brockton Campus, Administration Building, Room 229, ydennis@massasoit.mass.edu, or the College's Affirmative Action Officer, Donna R. Boissel, Human Resources, 508-588-9100, x1505, Brockton Campus, Administration Building, Room 233, dboissel@massasoit.mass.edu, the Massachusetts Commission Against Discrimination, the Equal Employment Opportunities Commission or the United States Department of Education's Office for Civil Rights.

CORI/SORI

Students interested in participating in an academic or non-credit program that involves working with children, the disabled, or vulnerable populations including a clinical affiliation with a private and/or public health care provider, may be required to undergo Criminal Offender Record Information (CORI) and/or a Sex Offender Record Information (SORI) checks. Unsatisfactory CORI status will prohibit participation in Clinical/Internship experiences. CORI checks may be performed pursuant to Massachusetts General Law, Chapter 6, Sections 167-178B, and consistent with guidelines promulgated by the Commonwealth of Massachusetts Department of Public Health. SORI checks may be performed pursuant to Massachusetts General Law, Chapter 6, Sections 178C.