MASSASOIT COMMUNITY COLLEGE

STUDENT REGISTRATION FORM*

☐ FALL 20__  ☐ SPRING 20__

LAST NAME  FIRST NAME  MIDDLE NAME  SSN OR STUDENT I.D. NUMBER

STREET ADDRESS  CITY  STATE  ZIP CODE

CELL PHONE NUMBER  OTHER PHONE ☐ HOME  ☐ WORK  DATE OF BIRTH (MM/DD/YYYY)

*NOTE: All students enrolling in credit courses must complete the other side of this form.

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.

Cost Calculation: Please be sure to check current brochure for cost information.

Credit Hours ________ x $201 = ________________________________ $________

+ Course Fees (For Science, Allied Health & Online Courses) ________________________________ $________

+ Student Insurance (9 Cr. hrs. or more) _____________________________________________ $________

+ Community Education Courses _____________________________________________ $________

TOTAL AMOUNT DUE: ________________________________ $________

Tuition for non-Massachusetts residents (out-of-state and foreign) is $407 per credit.

PAYMENT BY:  ☐ Credit Card  ☐ Check

CHARGE CARD AUTHORIZATION

MONTH  YEAR

EXPIRATION DATE

NAME AS SHOWN ON CARD  SIGNATURE OF CARDHOLDER
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.

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>Valid Driver's license</td>
<td></td>
</tr>
<tr>
<td>Valid Car registration</td>
<td></td>
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<tr>
<td>Mass. High School Diploma</td>
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<tr>
<td>Voter registration</td>
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<tr>
<td>Signed lease or rent receipt</td>
<td></td>
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<tr>
<td>Record of parents' residency for unemancipated person</td>
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</tbody>
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_____ 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

Authorized College Personnel: ___________________________ Date:______________________

PRIVACY STATEMENT

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 Chief Diversity Officer & Title IX Coordinator, Yolanda Dennis, Office of Diversity and Inclusion, 508-588-9100, x1309, Brockton Campus, Administration Building, Room 229, ydennis@massasoit.mass.edu, or the Director of Human Resources & Deputy Title IX Coordinator, Donna R. Boissel, 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. The Policy on Affirmative Action, Equal Opportunity & Diversity can be found at www.massasoit.edu/EEO.

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) 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.