



QCC ID # _____ **Phone #** _____

Last Name _____ **First Name** _____

Address _____ (Street) _____ (City) _____ (State) _____ (Zip Code)

High School Name _____ **Graduation Year** _____

Semester (Registering for):

- Fall
- Spring
- Summer I
- Summer II
- Intersession

What are your educational goals?

- QCC Associate Degree
- QCC Certificate
- Enhance work skills, without receiving a degree
- Take courses to qualify for another QCC Program of Study
- Completing course for interest, without receiving degree
- Transfer courses to another institution, without receiving degree
- Taking courses while considering educational options

First Choice Selections

Course #	Section #	Course Title	Day & Time	Room	Instructor	Credits

FOR MAIL/FAX REGISTRATION: Prerequisites will be strictly adhered to. If you have taken the required prerequisite course(s) at another Institution for the above selection(s), please indicate below where the course was taken. Include copy of transcript.

Course #	Course Title	Completed at

Instructions

Make full payment by check, money order or Mastercard/Visa payable to Quinsigamond Community College.

Student's Signature _____ **Date** _____

Advisor's Signature _____ **Date** _____

MAIL TO:

Registrar's Office, Box 9
Quinsigamond Community College
670 West Boylston Street
Worcester, MA 01606

FULL PAYMENT IS REQUIRED WITH THIS FORM. Payments can be made by check payable to QCC or credit card (MasterCard, Visa, Discover) over the phone at 508.854.4560. For returning students, payments can also be made online via *The Q* (our Student and Faculty Portal). Students are required to notify the Registrar if they do not plan to attend and want to drop their classes. **If classes are not formally dropped, students are responsible for payment.**

FAX TO: 508.854.4456

Quinsigamond Community College, 670 West Boylston Street, Worcester, MA 01606 | 508.854.4257 | www.QCC.edu

Personal Information

Name _____
(Last) (First) (Middle Initial) (Maiden Name)

Address _____
(Street) (City) (State) (Zip Code)

Phone # _____
(Home) (Cell) (Work)

SSN# _____ **Date of Birth** _____ **Sex:** Male Female

Email _____

1. Race/Ethnicity

Select as many as apply.

- American Indian/Alaskan
- Asian
- Black/African American
- White
- Native Hawaiian or Pacific Islander
- Other

2. Are you Hispanic/Latino? YES NO

3. Are you a veteran of the U.S. Armed Forces? YES NO

4. Are you a United States citizen? YES NO

If YES, skip to question 5. If NO, continue to the next question.

Are you a permanent resident? YES NO

If YES, list alien registration number: _____

If NO, continue to the next question

If you are not a U.S. citizen or permanent resident, please state your Visa or immigration status in detail:

_____ Home Country _____

5. If you are a U.S. citizen or permanent resident, please select A, B, or C from the following:

A. 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 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 document 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 Military Home or Record* Valid Car Registration
- Record of Parents' Residency for Unemancipated Person* Signed Lease or Rent Receipt* Other _____

B. I am a member of the armed forces (or spouse or unemancipated child) on active duty in Massachusetts.

C. I am not a Massachusetts resident as defined in 5A. My home state is _____

Certification

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.

Student's Signature _____ **Date** _____

Parent/Guardian Signature *(Student 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 the 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 rate **IS NOT eligible** for the in-state rate
- I am not able to determine at this time.** The following information has been requested of the applicant:

 Authorized College Personnel: Date