



REGISTRATION FORM FOR CREDIT COURSES

ID # _____

Last Name _____ First Name _____ Phone _____

SEMESTER	WHAT ARE YOUR EDUCATIONAL GOALS?
(Registering for)	<input type="checkbox"/> QCC Associate's Degree
<input type="checkbox"/> Fall	<input type="checkbox"/> QCC Certificate
<input type="checkbox"/> Spring	<input type="checkbox"/> Enhance work skills, without receiving a degree
<input type="checkbox"/> Summer I	<input type="checkbox"/> Take courses to qualify for another QCC Program of Study
<input type="checkbox"/> Summer II	<input type="checkbox"/> Completing course for interest, without receiving a degree
<input type="checkbox"/> Intersession	<input type="checkbox"/> Transfer courses to another institution, without receiving a degree
	<input type="checkbox"/> Taking courses while considering educational options

FIRST CHOICE SELECTIONS

Course #	Sec. #	Course Title	Day & Time	Room	Instructor	Cr.
XXX 101	12	Intro to Psychology (sample)	MWF 9-9:50	123S	J. Smith	3

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.

Course (Please include copy of transcript.): _____
 Number and title: _____
 Completed at: _____

INSTRUCTIONS

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

MAIL TO:

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

FAX TO: 508-854-4456

PERSONAL INFORMATION:

Student's Signature _____ Date _____

Advisor's Signature _____ Date _____

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 who fail to pay may have their class schedule cancelled.**

REGISTRATION FORM FOR CREDIT COURSES

PERSONAL INFORMATION: PLEASE PRINT

Last Name _____ Maiden Name _____ First Name _____ Middle Initial _____

(Street Address)

(City)

(State)

(Zip Code)

SSN# or Student ID _____ Date of Birth ____/____/____ Sex: ___ Male ___ Female

Please answer questions 1 and 2 below:

1. Are you Hispanic/Latino? Yes No

2. Race/Ethnicity—Select as many as apply: American Indian/Alaskan Asian Black/African American White
 Native Hawaiian or other Pacific islander Nonresident alien Other _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-mail _____

Required Information - please select ONE of the following three options:

1. Are you a United States citizen? Yes No If not, please complete the following:
or
2. Are you a Permanent Resident? Yes No (If yes, list alien registration number: _____)
or
3. If you are not a U.S. Citizen or Permanent Resident, please state your Visa or immigration status in detail: _____
_____ Home Country _____

Required - IF YOU ARE a US citizen or permanent resident, answer 4A or 4B or 4C or 4D.

- 4A. 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.
- | | | |
|---|--|---|
| <input type="checkbox"/> Valid Driver's license | <input type="checkbox"/> Utility bills* | <input type="checkbox"/> Employment pay stub* |
| <input type="checkbox"/> Valid Car registration | <input type="checkbox"/> Voter registration* | <input type="checkbox"/> State/Federal tax returns* |
| <input type="checkbox"/> Mass. High School Diploma | <input type="checkbox"/> Signed lease or rent receipt* | <input type="checkbox"/> Military home of record* |
| <input type="checkbox"/> Record of parents' residency for unemancipated person* | <input type="checkbox"/> Other _____ | |
- 4B. I am an eligible participant in the New England Board of Higher Education's Regional Student Program.
- 4C. I am a member of the armed forces (or spouse or unemancipated child) on active duty in Massachusetts.
- 4D. I am not a Massachusetts resident as defined in 4A. 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 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 tuition rate
- I am not able to make the determination at this time. The following information has been requested of the applicant:

Authorized College Personnel: _____ Date: _____