**PERSONAL INFORMATION:**

QCC ID #_______________________________  
Last Name__________________________ First Name________________________ Phone ______________________

**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

**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 number and title: _____________________________________________________________________  
- Completed at: _____________________________________________________________________________

**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 a degree  
-  Transfer courses to another institution, without receiving a degree  
-  Taking courses while considering educational options

**FIRST CHOICE SELECTIONS**

<table>
<thead>
<tr>
<th>Course #</th>
<th>Sec. #</th>
<th>Course Title</th>
<th>Day &amp; Time</th>
<th>Room</th>
<th>Instructor</th>
<th>Cr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXX101</td>
<td>12</td>
<td>Intro to Psychology (sample)</td>
<td>MWF 9-9:50</td>
<td>123S</td>
<td>J. Smith</td>
<td>3</td>
</tr>
</tbody>
</table>

**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 TheQ (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.
REGISTRATION FORM FOR CREDIT COURSES PART 2

PERSONAL INFORMATION: PLEASE PRINT

Last Name ___________________________ First Name _____________________ Middle Initial ______ Maiden Name ______________________
Address ____________________________ _____________________________________________________________
(Street) ____________________________ (City) ___________________________ (State) ___________________________ (Zip Code)
SSN# ___________________________ Date of Birth ___ / ___ / ______ Sex: Male ______ Female ______
Home Phone ___________________ Cell Phone __________________ Work Phone __________________
E-mail __________________________

Please answer questions 1, 2 AND 3 below:

1. Race/Ethnicity- SELECT AS MANY AS APPLY
   - American Indian/Alaskan
   - Asian
   - Black/African American
   - White
   - Native Hawaiian or other Pacific Islander
   - Other ____________________________

2. Are you Hispanic/Latino? □ Yes □ No

3. Are you a veteran of the U.S. Armed Forces? □ Yes □ No

4. REQUIRED INFORMATION -
   Are you a United States citizen? □ Yes □ No
   IF YES, GO TO BOX 5; if no continue to next question
   OR
   Are you a Permanent Resident? □ Yes □ No
   IF YES, LIST ALIEN REGISTRATION NUMBER: ____________, if no go to next question
   OR
   If you are not a U.S. Citizen or Permanent Resident, please state your Visa or immigration status in detail: ________________
   Home Country _______________________

5. REQUIRED - If you are a US citizen or permanent resident, select A or B or C.
   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 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
   □ Valid Car registration
   □ Mass. High School Diploma
   □ Record of parents’ residency for unemancipated person
   □ Utility bills*
   □ Voter registration*
   □ Signed lease or rent receipt*
   □ State/Federal tax returns*
   □ Military home of record*
   □ Employment pay stub*
   □ 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 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: __________