Quinsigamond Community College The Commonwealth of Massachusetts Certificate of Tuition Waiver

Student Information				
Last Name	First Name	Middle Initial	Student ID#	Social Security Number
Address		City	State	Zip Code
Category of Tuition Wa	iver (please che	eck one)		
□ Armed Forces				
□ Native American	ı			
□ Senior Citizen				
□ Veteran				
Eligibility Certification	Statement			
I certify that I (check all that	at apply):			
□ am a permanent legal resident of Massachusetts for one year prior to the start of the upcoming				
academic year				
am not in default of any federal or state loan or owe a refund on any preciously received financial aid				
□ am a United States citizen or eligible noncitizen				
I understand that I have to notify the Financial Aid Office immediately if any of the above stated eligibility requirements change. I understand that the Financial Aid Office will verify that I am enrolled in at least three undergraduate credits per semester in a degree or certificate program.				
I certify that the above information I have provided is true and accurate.				
Student's signature:		Date:		
Student s signature.			Dan	·•
QCC Staff Certification				
I certify that the above named student has provided the required documentation to evidence eligibility for				
the above referenced tuition waiver. Therefore, in accordance with General Laws Chapter 15A, Section 5,				
a tuition waiver will be granted for the following period:				
G Fell Comester G	Coming Com	nastar 🗆 Cummar	Competer	□ Othoru
☐ Fall Semester ☐	Spring Sen	nester Summer	Semester	□Other:
Signature of Appropriate Office Of	 ficial		 Date	
Signature of rippropriate office of			Dute	