

GUEST STUDENT REGISTRATION FORM

Guest students are not eligible for financial aid, including tuition-free programs. Students who wish to utilize financial aid must apply for admission to the College through the [Office of Admissions](#) by the semester deadline.

Students can find all course details needed to register on the [Course Offerings Webpage](#). Students must meet all pre/co-requisite requirements if applicable. Anyone who enrolls, in any acceptable way, and fails to attend classes is subject to full tuition and fee/charges. Students must officially drop or withdraw from class will be reimbursed according to the published [Refund and Withdrawal Schedule](#). Please consult our [Academic Calendar](#) before registering.

First Name Middle Name Last Name

Previously Attended MassBay? ☐ Yes ☐ No Student ID # (optional)

Personal Email Address Cell Phone #

Date of Birth (mm/dd/yy) Gender

Personal Address City/ State/ Zip Code/ Country

Mailing Address City/ State/ Zip Code/ Country

Ethnic Group:

- ☐ American Indian or Alaskan Native ☐ Asian
☐ Black/ African American ☐ Cape Verdean ☐ Hispanic/Latino
☐ White ☐ Native Hawaiian or Pacific Islander

Military Status:

- ☐ Active-Duty ☐ Active Reserve
☐ Veteran ☐ Not a Veteran

Semester/Year (please complete)

*If you wish to AUDIT a course instead of earning credit/grade for the course, please check the AUDIT box in next to each course you wish to audit.
Audit status cannot be changed after Add/Drop period.

Four (4) Digit Class Number				Subject	Section Number	Class Title	Days	Start Time	End Time	Audit
1	2	3	4	EX 101	001	Example Course	MWF	8:00am	9:00am	

Student Signature (required)

Date

GUEST STUDENT PRE-REQUISITE/PLACEMENT SELF-CERTIFICATION FORM**Please verify that the prerequisite (if applicable) has been met with college-level coursework**

As proof of my successful completion of the pre-requisite or placement requirement for the course, I can provide a transcript or grade report, which I may present to MassBay upon request.

Only college-level coursework may be submitted.

Pre-Requisite Course Title	Institution where Pre-Requisite Completed	Semester/Year	Grade Earned

If using High School GPA or SAT/ACT Scores to satisfy [Placement Requirements](#) for Math or English ONLY, please complete below:

High School GPA:

Name of High School	Year of Graduation	Cumulative GPA

ACT/SAT Scores:

ACT or SAT	ACT/SAT Scores	Year Completed	Score

-CERTIFICATE 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.

Student Print Name: _____ **Date:** _____

-MASSACHUSETTS COMMUNITY COLLEGES- IN-STATE TUITION ELIGIBILITY FORM-

The information below is used to determine tuition and fee charges. **If this page is not completed entirely you will be considered an out-of-state resident for the calculation of tuition and fee charges.** Students who wish to utilize financial aid must apply for admission to the College through the [Office of Admissions](#) by the semester deadline.

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Social Security Number (optional) _____ Birth Date: _____

Are you a United States Citizen? ☐ Yes ☐ No If not please complete the following.

Do you hold a Permanent Resident Visa? ☐ 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 tuition eligibility category that applies to you below

As proof of my intent to remain in Massachusetts, I may possess at least two (2) of the following documents, which I may present to the institution upon request. Requested documents must be dated from **six (6) months to one (1) year** of the academic semester start date for which I am seeking enrollment.

☐ I have **not** been a Massachusetts resident for six (6) continuous months.

☐ I have been a Massachusetts resident for six (6) continuous months and intend to remain here

Please check off two (2) documents you may possess as proof of your intent to remain in Massachusetts.

☐ Valid driver's license

☐ Employment pay stub

☐ Valid car registration

☐ State or Federal tax returns

☐ Utility bills

☐ Military home of record

☐ Signed lease or rent receipt

☐ Record of parents' residency for un-emancipated person

☐ Voter Registration

☐ Other:

The institution reserves the right to make additional inquiries regarding the student's status and may require the student to submit additional documentation as necessary.

☐ I am an eligible participant in the New England Board of Higher Education's Regional Student Program. (Non-Massachusetts residents).

☐ I am a member of the armed forces (spouse or un-emancipated child) on active duty in Massachusetts.

-CERTIFICATE 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.

Student Signature or Print Name: _____ Date: _____

Parent/Guardian Signature or Print Name: _____ Date: _____
(If student is under the age of 18)