



Credit Registration Form

Brockton Campus
One Massasoit Boulevard
Brockton, MA 02302

Canton Campus
900 Randolph Street
Canton, MA 02021

Middleborough Center
49 Union Street
Middleborough, MA 02346

massasoit.edu

508-588-9100

Fall _____ (year) Spring _____ (year) Summer _____ (year)

Legal Last Name _____ Legal First Name _____ Legal Middle Name _____

Other Legal Names (under which records may appear) _____ Preferred/Chosen First Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email Address _____

Date of Birth (MM/DD/YYYY) _____ SSN _____ - _____ - _____ OR Massasoit Student ID# _____

Have you attended Massasoit Community College before? Yes No If yes, when? _____

Gender Male Female

Please note that Massasoit is required by federal guidelines to report a student's legal gender.

Veteran Dependent of Veteran Member of Armed Forces

Withdrawals before the start of the first class are granted a full 100% refund. Withdrawals after the first class are refunded 0-50% depending on the length of the ecourse. For dates, please see www.massasoit.edu/refund. **Please be advised that ceasing to attend a class DOES NOT constitute a withdrawal. If the proper withdrawal form is not completed, a grade of F (failure) will be recorded.**

Do you consider yourself to be Hispanic/Latino? Yes No

Please select one or more of the following that best describes you:

- American Indian/Alaska Native Asian
- Black/African American Cape Verdean
- Haitian Native Hawaiian/Pacific Islander
- White/Caucasian

If you have a disability for which you believe you need a reasonable accommodation, please contact Access & Disability Resources at x1807.

CRN	COURSE/SECTION	COURSE TITLE	CREDITS
TOTAL CREDITS			

Student Signature _____ Date _____

I acknowledge that by checking this box and providing my signature in an electronic format, I affirmatively consent to completing and signing the College's Registration Forms and all forms related thereto electronically. By doing so I further consent to be bound by all College policies and procedures associated with the Registration process to the same extent as if I provided a hard signature. I understand that the information contained in the Forms will be transmitted to Massasoit Community College and the College may use this information for other College business-related purposes. I understand that the option to receive, complete and sign a paper version of these Forms is available to me. I also understand that I have the right to receive a paper version of any Form I complete and sign electronically by requesting the paper version from Massasoit Community College by calling 508-588-9100 x1949.

PAYMENT INFORMATION

Cash or Check

Please mail your check along with this registration form to the address listed above. Cash payments are accepted at both the Brockton and Canton campuses.

Credit Card

Log into your portal account to make payment once you receive your registration confirmation email. New students will receive their login credentials via email. Students may contact the Student Accounts Office via phone at 508-588-9100, x1507 to make a payment.

Third Party Payment

Students who are sponsored by third parties must submit, with their registration form, a letter of authorization from their agency indicating the amount of the sponsorship and billing information.

Payment Plan

Payment plan options are offered. Check the online schedule for availability at mycollegepaymentplan.com/massasoit. Once students receive their registration confirmation, they can then activate their payment plan agreement.

Completed forms may be submitted by mail, in person, or by fax or email.

Mail to: One Massasoit Boulevard
Attn: Registrar's Office
Brockton, MA 02302

In Person: Student Central in Brockton or Middleborough, and Enrollment Center in Canton

Fax: 508-427-1246

Email: registrar@massasoit.mass.edu

MASSASOIT COMMUNITY COLLEGE

MASSACHUSETTS COMMUNITY COLLEGES - IN-STATE TUITION ELIGIBILITY FORM

Last Name _____ First Name _____ MI _____

Street Address _____ City _____ State _____ Zip Code _____

SSN# or Student I.D. Number _____ Date of Birth _____

Are you a U.S. Citizen? Yes _____ No _____ If not, please complete the following:

Are you a Permanent Resident? 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 in-state or reduced tuition eligibility category that applies to you:

_____ 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	_____ Utility bills*	_____ Employment pay stub*
_____ Valid Car registration	_____ Voter registration*	_____ State/Federal tax returns*
_____ Mass. High School Diploma	_____ Signed lease or rent receipt*	_____ Military home of record*
_____ Record of parents' residency for unemancipated person*	_____ Other _____	

_____ I am an eligible participant in the New England Board of Higher Education's Regional Student Program.

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

Certification 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.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature (Applicant 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 this 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 tuition rate.

_____ IS NOT eligible for the in-state tuition rate.

_____ I am unable to make a determination at this time. The following additional information has been requested from the applicant

Authorized College Personnel: _____ Date: _____

PRIVACY STATEMENT

By completing the registration form, I understand that the information will be held in confidence and Massasoit Community College will only disclose information to authorized school officials who act in the student's educational interest within the limitations of their "need to know" and to authorized government entities. Massasoit Community College strictly adheres to FERPA (Family Educational Rights and Privacy Act of 1974) (<http://www.massasoit.edu/ferpa>) which sets forth requirements regarding the privacy of student records. Any inquiries or concerns regarding the methods of holding data and types of data to be held may be addressed to the Registrar.

NOTICE OF NON-DISCRIMINATION

Massasoit Community College is an affirmative action/equal opportunity employer and does not discriminate on the basis of race, color, national origin, sex, disability, religion, age, veteran status, genetic information, gender identity or sexual orientation in its programs, activities, or employment as required by Title IX of the Educational Amendments of 1972, the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, Title VII of the Civil Rights Act of 1964, and other applicable statutes and college policies. Sexual harassment, including sexual violence is prohibited. Inquiries or complaints shall be referred to the Affirmative Action Officers/Title IX Coordinator: Yolanda Dennis, Executive Director of the Office of Institutional Diversity @ 508-588-9100, ext. 1309 or ydennis@massasoit.mass.edu; Administration Building Room 229. Inquiries or complaints may also be directed to the Massachusetts Commission Against Discrimination, the Equal Employment Opportunities Commission or the United States Department of Education's Office for Civil Rights.

CORI/SORI

Students interested in participating in an Academic or Non-credit program that involves working with children, the disabled, or vulnerable populations including a clinical affiliation with a private and/or public health care provider, may be required to undergo Criminal Offender Record Information (CORI) and/or a Sex Offender Record Information (SORI) checks. Unsatisfactory CORI status will prohibit participation in Clinical/Internship experiences. CORI checks may be performed pursuant to Massachusetts General Law, Chapter 6, Sections 167-178B, and consistent with guidelines promulgated by the Commonwealth of Massachusetts Department of Public Health. SORI checks may be performed pursuant to Massachusetts General Law, Chapter 6, Sections 178C.