



Mount Wachusett
Community College

444 Green Street, Gardner, MA 01440-1000

**CHANGE OF:
NAME / GENDER / ADDRESS / PHONE
FORM**

Please complete the appropriate sections of this form to request a change of your student information.

Student ID: _____

Name: _____

NAME CHANGE

Please present your marriage certificate, divorce decree, social security card, state identification card, state driver's license or certified copy of a court order indicating a legal name change has been granted to the Records Office.

Prior Name: _____

New Name: _____

Students changing their names must provide a home email address and phone number. The MWCC Helpdesk will be contacting you to change your user name information.

Home email address: _____ Phone Number: (_____) ____ - _____

GENDER CHANGE

Please provide a certified copy of a court order showing the change of gender, or other legal identification, such as a Massachusetts driver's license, reflecting the new gender.

New Gender: _____

ADDRESS CHANGE

New Billing Address (no verification is necessary)

Permanent Address (if different)

Street

Street – must be a street address – not a PO Box

City / Town State Zip Code

City / Town State Zip Code

PHONE NUMBER

(_____) ____ - _____

If you are changing your state of residence, this may impact the tuition rate you are charged. If establishing Massachusetts residency, you will need to complete the Massachusetts In-state tuition eligibility form. If you are changing your residence to a New England state other than Massachusetts (NH, VT, ME, CT or RI), then you will also need to complete the Massachusetts In-state tuition eligibility form, provide proof residency and check off the "New England Board of High Education's Regional Student Program" eligibility (NEBHE RSP) on this form. If you do not provide documentation in either of these cases, you will receive the out-of-state tuition rate for all state supported courses you enroll in.

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY: Notify IT via School Dude of student's name change.

Version 6/24/2016

MASSACHUSETTS COMMUNITY COLLEGES - IN-STATE TUITION ELIGIBILITY FORM

Last Name _____ First Name _____ MI _____
Street Address _____ City _____ State _____ Zip Code _____
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 no have you been granted a deferment under DACA? Yes No

If yes have you obtained your EAS (employment Authorization Document) Yes No

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.

- | | | |
|---|--|---|
| <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 _____ | |

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: _____ Date _____

(Applicant is Under 18 Years Old)

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 _____