



One Massasoit Boulevard, Brockton, MA 02302-3396
900 Randolph Street, Canton, MA 02021-1372
49 Union Street, Middleborough, MA 02346-2245
www.massasoit.mass.edu

Application for Readmission or Second Degree

Name _____ Social Security Number _____

Other name on record: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email address: _____ Current Phone: (____) _____ - _____ ☐ Home ☐ Cell

Please check / print all applicable information:

☐ Fall / September, ____ Year ☐ Spring / January, ____ Year Program desired to enter: _____

Please read carefully below. Check and sign the box that applies to you:

☐ I am applying for **READMISSION*** to a program. I understand readmission is contingent upon good academic standing. *Readmission to all Allied Health and Nurse Education programs is NOT GUARANTEED and is based on space availability and academic review.*

Applicant's Signature: _____ **Date:** _____

☐ I am applying for a **SECOND DEGREE***. I understand that admission to a second degree will only be granted to applicants who complete ten additional different courses towards the second degree. (Only ten courses from a first degree can be applied to a second degree.)

Applicant's Signature: _____ **Date:** _____

**Please meet with an Academic counselor in the Advisement & Counseling Center to select your courses.*

Semester/Year Last Attended Massasoit: _____ Program previously enrolled: _____ Campus attended: _____

Primary reasons for attending Massasoit

- ☐ Earn an Associate Degree
- ☐ Earn a Certificate
- ☐ Transfer to a Four Year College Before Graduation
- ☐ Transfer to a Four Year College After Graduation
- ☐ Learn Skills to Get a Job
- ☐ Improve Current Employment
- ☐ Personal Enrichment or Interest
- ☐ Improve Basic English, Reading & Mathematics Skills
- ☐ Not sure/Other Reason _____

How did you hear about Massasoit?

- ☐ High School Visit
- ☐ College Fair/College Night
- ☐ Family Member
- ☐ Friend
- ☐ Guidance Counselor
- ☐ Internet Web Site
- ☐ TV Advertisement
- ☐ Radio Advertisement
- ☐ Newspaper Advertisement
- ☐ Direct Mail
- ☐ Other _____

(It is the applicant's responsibility to request that an official transcript be sent to the Admissions Office).

Please return this form to the Admissions Office. Do Not Write Below This Line (Office Use Only)

Admissions Received Date:

☐ Y ☐ N Readmit

☐ Y ☐ N Admit 2nd Degree

☐ Y ☐ N Approved for Matriculation

D/E	Semester	Program	Year	Date	Counselor
Day Eve	FL SP S1 S2	_____	_____	_____	_____
Day Eve	FL SP S1 S2	_____	_____	_____	_____
Day Eve	FL SP S1 S2	_____	_____	_____	_____

Reason: _____

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.

- | | | | |
|--|---|--|---|
| <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 _____ | |
| <input type="checkbox"/> I am an eligible participant in the New England Board of Higher Education's Regional Student Program. | | | |
| <input type="checkbox"/> 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 Rights and Privacy Act of 1974) (<http://www.massasoit.mass.edu/misc/ferpa.cfm>) 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 Vice President of Enrollment Management.

NOTICE OF NON-DISCRIMINATION

Massasoit Community College is an affirmative action/equal opportunity employer and does not discriminate on basis of race, creed, religion, color, gender, sexual orientation, age, disability, genetic information, maternity leave, and national origin in its education programs or employment pursuant to Massachusetts General Laws, Chapter 151B and 151C, Title VI, Civil Rights Act of 1964; Title IX, Education Amendments of 1972; Section 504, Rehabilitation Act of 1973; Americans with Disabilities Act, and regulations promulgated thereunder, 34 C.F.R. Part 100 (Title VI), Part 106 (Title IX) and Part 104 (Section 504). All inquiries concerning application of the above should be directed to the College's Affirmative Action Officer and/or the College's Coordinator of Title IX and Section 504.

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.