

MASSACHUSETTS PUBLIC HIGHER EDUCATION INSTITUTIONS
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 you are not a U.S. Citizen, please state