

Massachusetts Department of Higher Education

Tuition Equity Eligibility Form and Affidavit for High School Completers

Pursuant to Section 11 of Chapter 28 of the Acts of 2023 of the Massachusetts General Court, I, (name) _____ have been admitted and seek to enroll (or am enrolled) in a public⁵ higher education institution or an eligible⁶ private (independent) higher education in Massachusetts and declare the following:

1. I am not a nonimmigrant alien within the meaning of 8 U.S.C. § 204 1101(a)(15)(A) to (S), inclusive⁷; and
2. I attended at least 3 academic years of high school in Massachusetts; and
3. I graduated from a high school in Massachusetts or I have attained the equivalent of a high school diploma (for example, a GED/HiSet) in Massachusetts; and
4. If eligible, I have registered for federal Military Selective Service⁸; and
5. I have either:
 - a. provided a valid Social Security Number; or
 - b. provided documentation reflecting the issuance of an individual taxpayer identification number; or
 - c. provided documentation of registration with the selective service, if applicable; or
 - d. applied for citizenship or legal permanent residence or I will apply for citizenship or legal permanent residence in accordance with federal statute or federal regulations within 120 days of my eligibility for such status.

High School Information (List the name of the high school(s) attended as well as dates attended):

High School Name	City	State	From-To (Month/Year)

Did you earn a high school diploma or the equivalent (e.g. GED/HiSet) in Massachusetts? yes no

If yes, what year and school (if applicable)? _____.

I certify that the information provided is complete and correct. I understand that the public or private higher education institution to which I am applying or am enrolled, and/or the Massachusetts Department of Higher Education, reserves the right to request additional information if necessary.

⁵ I understand that an in-state tuition eligibility determination is only relevant if I am applying to, have been admitted to, or am enrolled in a Massachusetts public higher education institution that is part of the Massachusetts public higher education system and specifically identified in M.G.L. c. 15A, Section 5.

⁶ I understand that some, but not all, Department of Higher Education state financial aid programs may be used at eligible private (independent) higher education institutions in the Commonwealth. To be eligible to participate in Massachusetts state financial aid programs an institution must have a valid and current Office of Student Financial Aid participation agreement on file with the Department of Higher Education.

⁷ This exclusion refers to those nonimmigrant foreign nationals who are within the U.S. with temporary status, such as diplomatic officials or those authorized to visit or work in the U.S. on a temporary basis. For a complete list of nonimmigrant alien statuses not eligible for the in-state tuition rate under this policy, please refer to 8 U.S.C. § 1101(a)(15)(A) to (S).

⁸ The Federal Military Selective Service Act applies to all males 18 and older. You must submit a copy of proof of selective service registration. This can be obtained by filing with your local post office and returning a receipt to the college that shows proof of registration or by providing a selective service card.. 50 U.S.C. 14 App. 453 section § 3.

In addition, if I have not provided any one of the documents listed in items 5(a),(b),or (c) above, I swear, under the penalties of perjury, that I have or will file an application to become a citizen or legal permanent resident within 120 days of becoming eligible to do so. I further understand that if any of the information provided above is untrue I will be liable for payment of any tuition charges from which I was exempted or state financial aid that I received in reliance on the information provided above, and I may be subject disciplinary action.

Signature of Applicant: _____

Printed Name: _____

Date: _____

Salem State Student ID#: _____

Submit this form and attachments before the term begins to:

By mail:

Residency Appeal Committee
 Student Navigation Center
 Salem State University
 352 Lafayette Street
 Salem, MA 01970

In person: 2nd Floor, Classroom Building, Central Campus

By Secure Fax: 978.542.6876

By SSU Email: navcenter@salemstate.edu

For Official Use Only- Do not write in this box:

<input type="checkbox"/> Massachusetts high school transcript received <input type="checkbox"/> Proof of graduation from MA high school or certificate demonstrating the equivalent obtained in MA (GED/HiSet) <input type="checkbox"/> Proof of selective service filing <input type="checkbox"/> Submitted social security number, or documentation of taxpayer ID number, or proof of registration with selective service, if applicable (circle which one or check here if N/A ___)	<input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible Tuition rate (public IHEs only): <input type="checkbox"/> In-state <input type="checkbox"/> Out-of-State
_____ Signature	