



University of Massachusetts Worcester Graduate School of Nursing

PROOF OF RESIDENCY

ALL APPLICANTS MUST SUBMIT A NOTARIZED COPY OF THIS FORM IN ORDER TO BE CONSIDERED FOR ADMISSION TO THE GRADUATE SCHOOL OF NURSING.

Please Read the Rules and Regulations for Classification as a Massachusetts Student. Concealment or misrepresentation of facts and/or making untruthful statements shall cause you to be liable for out-of-state tuition charges and/or dismissed from the school. To be eligible for in-state tuition charges, you must reside in the Commonwealth of Massachusetts for purposes other than attending an educational institution twelve (12) months prior to the date of application to this institution.

To be Completed by All Applicants

Last Name _____ First Name _____ MI _____ Social Security # _____

Applicant's Permanent Address _____ Since (mo/day/year) _____

Applicant's Former Address (If less than 12 months at present address) _____ Since (mo/day/year) _____

Gender: Male Female _____
Date of Birth (mo/day/year) _____ City and State of Birth _____

Are you a U.S. Citizen? Yes No
If not, list your Alien Registration No. _____ Is your visa: Temporary Permanent

Statement of Applicant 18 Years of Age or Older:
I (*applicant's name*) _____ certify that I have read the Rules and Regulations for the Classification of Students for Tuition Purposes (backside of page) at the University of Massachusetts Worcester and that I am aware of the appeals procedure under those rules and regulations.

Signature of Applicant _____ Date _____

To be Completed by Massachusetts Residents

I (*applicant's name*) _____ certify that I am _____ years of age and that pursuant to said rules and regulations, I am domiciled in Massachusetts and have maintained residence herein continuously since _____.

Signature of Applicant _____ Date _____

To be Completed by Non-Massachusetts Residents

I (*applicant's name*) _____ certify that I am NOT a Massachusetts Resident and that I will be classified as an out-of-state student for tuition purposes.

Signature of Applicant _____ Date _____

To be Completed by the Notary Public

State _____ County _____ Commission Expiration Date _____
Then personally appeared before me the above named _____ who, being first duly sworn, depose and says that the statements made by him/her in this section of this application to the University of Massachusetts Worcester are and each of them is true and correct.

Subscribed and sworn to before me this _____ day of _____, 20_____.

Signature of Notary Public _____