TUITION RESIDENCY STATEMENT

Please read the Tuition Classification section on state website:
www.mass.edu/forstudents/admissions/residencypolicy.asp

Concealment of facts or untruthful statements may cause you to be subject to denial of admission and/or dismissal from the University of Massachusetts Amherst without refund or course credit. Please note that possession of a second home in Massachusetts does not qualify you for residency. **All applicants must check appropriate residency status and sign (under penalties of perjury) below.**

_____ In-state (complete Basis/Signature sections)  _____Out-of-state (complete Signature section)

**Basis for in-state residency (complete if declaring in-state residency only):**

_____ I am a dependent student and at least one parent /legal guardian has resided in Massachusetts for at least 12 months prior to my planned enrollment at the University of Massachusetts Amherst. Please provide Massachusetts parent’s/legal guardian’s information below:

Name ____________________________________________________________

Street address ____________________________________________________

City/State ________________________________________________________

Resided in Massachusetts since ___________________________ (month/year)

Daytime telephone number (   ) ________________________________

_____ I am an independent student and I will have lived in Massachusetts for at least 12 months prior to my planned enrollment at the University of Massachusetts Amherst. (Please note that time spent as a full-time student in Massachusetts may not be applied to the 12-month residency period. The University may also require additional documentation when traditional college-age students claim independent status.)

_____ My parent/legal guardian (or self) is a member of the armed forces on active duty in Massachusetts.

**Signature:**

By my signature, I certify that the information I have provided about my residency is accurate and complete. Failure to disclose any required information could result in the denial of admission or retroactive administrative withdrawal from the University without refund or course credits.

Applicant’s signature ___________________________________ Date __________

Print name _________________________________________________

**Return form to:** Undergraduate Admissions Office – UMass Amherst – 37 Mather Drive – Amherst, MA 01003