

MASSART

MASSACHUSETTS COLLEGE
OF ART AND DESIGN

RESIDENCY RECLASSIFICATION COVER SHEET

Last Name _____ First Name _____ MI _____

MCA ID# _____ Email _____

Phone # _____ Semester you are applying for _____

What was your state/country of residency 12 months prior to enrolling at an institution of higher education in Massachusetts?

If you are a returning or continuing student, what semester did you first enroll at MassArt? _____

All students please answer the question below:

Why do you believe you qualify for in-state tuition and fees?

Please submit this cover sheet along with the following:

___ In-State Tuition Eligibility Form ___ Supporting documentation

How to submit application and documentation:

In person or by mail:
MassArt
Office of the Registrar
Attn: Jon Rand
621 Huntington AVE
Boston, MA 02115

By email:
jrand@massart.edu

FOR OFFICE USE ONLY

DATE RECEIVED

Approved: Yes No
___ SIS notation
___ Notify appropriate offices
___ Notify student
___ Term _____
