

# Massachusetts Department of Higher Education

## Tuition Equity Form and Affidavit for High School Completers

The **Tuition Equity Law**, effective July 1, 2023, extends eligibility for in-state tuition rates and fees and state-funded financial assistance to High School Completers (see Section A below). See [G.L. c. 15A, § 9](#), as amended through [St. 2024, c. 140, § 22](#). This form should be completed by students seeking in-state tuition and fee rates or state financial aid under the Tuition Equity Law.

### Section A - Eligibility

**Instructions:** For all applicants, in the fields below please insert your name, check off each box that is true, and provide the high school attendance and diploma/GED/HiSET information requested below.

☐ I, (insert name) \_\_\_\_\_ have applied or been admitted to a public or state-approved private, independent nonprofit institution of higher education in Massachusetts, and my birth date is \_\_\_\_\_.

Note: Both **in-state tuition rates and fees** and **state financial aid** are available at **public** institutions of higher education established in [G.L. c. 15A, § 5](#). Only **state financial aid** is available at [state-approved private, independent nonprofit institutions](#).

☐ I currently **am not** in a non-immigrant status within the meaning of [8 U.S.C. § 1101\(a\)\(15\)\(A\) to \(S\)](#) inclusive.

Note: [Non-immigrant visas](#) allow recipients to stay temporarily in the United States for tourism, medical treatment, business, temporary work, study, or similar reasons.

☐ By the time I enroll at an eligible institution, I will have attended high school (or district-approved home school) in Massachusetts over the course of 3 academic years.

Note: The 3 years of high school attendance can be partial academic years. Approved private or homeschooling plans can be found at <https://www.doe.mass.edu/homeschool/>.

**Please list the name and dates attended of the high school(s) in the table below:**

High School Name or School District that approved the homeschooling plan	City/Town, State	From (Month/Year)	To (Month/Year)

☐ By the time I enroll at an eligible institution, I will have graduated from a high school in Massachusetts or will have attained the equivalent of a high school diploma (for example, a GED/HiSET) in Massachusetts.

Please list the name of the school you have graduated from or will graduate from: \_\_\_\_\_

Please list the month and year you received or will receive a high school diploma or equivalent: \_\_\_\_\_

## Section B - Documentation

**Instructions:** For all applicants, please select **one of the** following documents that you have provided or will provide to qualify for the in-state tuition rate and/or state financial aid under the Tuition Equity Law, if eligible.

- ☐ (1) A valid Social Security number, **or**
- ☐ (2) Documentation reflecting issuance of an individual taxpayer identification number, **or**
- ☐ (3) Documentation of registration with the Selective Service, if applicable, **or**
- ☐ (4) Signed affidavit in Section C of this form

If you selected (1), (2), or (3) please remember to submit a copy of the documentation along with this form and move on to Section D. **If you selected (4), please complete Section C below before moving on to Section D.**

## Section C - Affidavit

**Instructions:** For applicants that selected (4) above, please provide your name, signature, and date on the affidavit below.

I swear, under the pains and penalties of perjury, that I have filed or will file an application to become a citizen or legal permanent resident within 120 days of becoming eligible to do so.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

## Section D - Certification

**Instructions:** For **all applicants**, please provide your name, signature, and date on the certification below.

I certify that all information provided is complete and correct. I understand that the public or state-approved private, independent nonprofit institution of higher education to which I am applying or have enrolled at, and/or the Massachusetts Department of Higher Education, reserves the right to request additional information if necessary. I further understand that if any of the information provided in this form or in the attachments I have affixed to this form are untrue I will be liable for payment of any tuition or fee charges from which I was exempted or state-funded financial assistance that I received in reliance on the information provided above, and I may be subject to further action, including disciplinary action.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

### FOR OFFICIAL USE ONLY- DO NOT WRITE IN THIS BOX:

#### Both of the following:

- ☐ Massachusetts high school transcript received; **and**
- ☐ Proof of graduation from MA high school or certificate demonstrating the equivalent obtained in MA (GED/HiSet)

#### One of the following:

- ☐ Social security number; **or**
- ☐ Documentation of taxpayer ID number; **or**
- ☐ Proof of registration with Selective Service; **or**
- ☐ Signed affidavit (Section C) attesting that student has or will apply for citizenship or legal permanent residence

#### High School Completer Eligibility Status

- ☐ Eligible
- ☐ Ineligible

#### Tuition Rate (public IHEs only):

- ☐ In-state
- ☐ Out-of-State
- ☐ New England Regional
- ☐ International

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Student ID #