

SENIOR CITIZEN REQUEST FOR TUITION WAIVER

(Note: This waiver is in effect only for the semester indicated below. A new waiver form needs to be completed for any subsequent semesters)

Name:			
Student ID:		Date of Birth	h:
I hereby request aut	horization for tuition	n waiver for enrollment d	during the:
Semester:	Year:	Total Credits:	Total Course (s) to be taken:
	(Not to	o exceed three courses	s or 11 credits)
I hereby attest that I	am all of the followi	ing:	
 60 years of a Retired, and Not employed 	my chief income is	derived from retirement	t benefits, and
only and not any add	ditional fees associa he approval authori	ated with the course. All	able basis and pertains to the waiver of tuition I fees and other charges are to be paid in full lished deadline or time of late registration,
Applicants Signature):		Date:
Verification of Age: _			Date:
		Registrar Office Us	se Only
Approved _	Denied Date: _		
Office of Financial Aid Use Only			
Amount:		Date	•
Business Office Use Only			
Account Number:	:	Initial:	Date: