



Senior Citizen Agreement AND Enrollment Form

SEMESTER: Fall Year: 20__

Last Name: _____

Date: _____

First Name: _____

SSN: _____

Student ID# (if known): _____

Date of Birth: _____

Address: _____

Home Phone: _____

Cell Phone: _____

I hereby certify that I am eligible for free tuition and fees for CREDIT courses, part-time or full-time. I am 60 years of age or older and have been legally domiciled in Virginia for this past year. I had a taxable individual income NOTE exceeding \$23,850 for Virginia income tax purposes for the year preceding the year in which enrolment is sought.

OR

I hereby certify that I am eligible for free tuition for AUDIT of credit courses or for taking non-credit courses (not to exceed three courses per semester). I am 60 year of age or older and I am a legal resident of Virginia.

Class #	Course #	Section	Meeting Time(s)	Location	Audit*	Credit

Your registration may be held until the last day to register due to the anticipation that this class might fill up with tuition-paying students. You will be notified immediately after the last day to register as to the availability of room in the class for senior citizens.

IF YOU HAVE REQUESTED TO AUDIT A COURSE, ALL AUDITS MUST BE APPROVED BY THE APPROPRIATE ACADEMIC DEAN.

Senior citizens shall pay no tuition or fees for courses or academic credit or for courses not offered for academic credit, except fees established for the purpose of paying for course materials, such as laboratory fees, subject to a determination by the institution of its ability to offer the course or courses for which the senior citizen registers.

Student's Signature: _____

Academic Dean's Approval for Audited Courses: _____ Date: _____

Registrar's Office Approval: _____ Date: _____