

CERTIFICATE OF TUITION WAIVER

Category: Senior Citizen

Student Information:

 Name:
 First
 Middle Initial

 Social Security Number (required):
 - -

Course Eligibility: Any course offered through the Day Division which is acceptable toward an undergraduate degree program or certificate program. An audit fee of \$160.00* per course will assessed. (**Subject to change.*)

Category:

[] Senior Citizen (Persons aged 60 or over).

Eligibility Certification:

I certify I am a Massachusetts Resident and I am not in default of any Federal Student Loans or owe a refund for any previously received Financial Aid. I have also provided the University with the required documentation to substantiate eligibility for the above referenced Categorical Tuition Waiver.

Student's Signature

DOCUMENTATION TO BE SUBMITTED BY THE STUDENT:

Senior Citizen: [] Check here if the documentation is on file from a previous semester's enrollment.

- 1) **Documentation of Age -** Birth Certificate or Driver's License. (A photocopy of either document is acceptable.)
- 2) **Proof of Massachusetts Residency** Completed and included with this Waiver.

The above named student has provided the required documentation to evidence eligibility for the above referenced Tuition Waiver. Therefore, in accordance with the Board of Higher Education Tuition Guidelines and with the General Laws, Chapter 15A, Section 19, a Tuition Waiver has been granted for the period indicated below:

Signature of University Registrar (or Designee)

Date

rev.15jul2016mrp

Date of Birth: / /

Date



Senior Citizen Course Enrollment Request

Academic Information:

Please	Print	Clearly:

Demographic Information:

			Have you ever enrolled in a Framingham State University course before? Yes No (Circle one)			
First Name	Middle Initial Last Name		If Yes: Day Division or Continuing Education ? (Circle one)			
			If No: Plea	ase complete the reve	erse side of this form.	
Street Address	S		Are you requesting to take the course(s):			
City	State Zip Code		• •	<u>or</u> for Grade? (
			<u>Note:</u>		a Day Division Course is \$160.00*.	
Email Addı	ress		If taking the course for credit (Grade), additional University Course Fees must be paid.			
Daytime Te	elephone Number (Please include Area Co	ode)	Please indicate	e the semester you wa	ish to attend:	
Sex: Male Female (Circle one)			Please indicate the number of courses you intend to enroll in for the semester:			
Emergency Contact Information:			<u>Note:</u> Each course is equivalent to four semester hours. Enrolling in three (3) courses constitutes full-time status.			
Name:			T 1 / 1	-		
			I understand my "Senior Citizen Status", if approved, is valid only for the semester I wish to attend.			
Relationship: Telephone Number: (Please include Area Code)			 By my signature, I certify the information I have provided about my academic or personal history and residency is accurate and complete. Failure to disclose any required information may result in an administrative withdrawal from 			
		e)	the University.			
			Student's Sign	ature	Date	
	<i>lection Information:</i> cate below the course(s) you are requ	esting enrollment into	o (by order of prej	ference, in the event fir	st choices are not available).	
CRN	Course Number/Section:	Course Title:			Approval by Registrar	
 For offic	e use only:					
	e University Registrar:					
		Total number of	courses student is	expected to enroll into	for the semester:	
		Part-time or Full-time:				
Student's FSU ID#:		Program Code: <u>N</u>	M_NON_U	Class Code: <u>NM</u>		
(,, in be assigned	a and paper work is reviewed if new student)	Major Code: <u>NO</u>	<u>NM</u>	Fee Assessment R	ate Code: <u>SENRC</u>	
	r Designee's) initials indicating approval to co a student for the semester listed above:		-		and attend the Day Division of the	
			Date: Computer fields updated:			
			Comp	outer fields updated:	Date processed & Initials	
	ounts Office: of fees paid for:	Student Accounts S	Stamp			

Student Accounts Stamp with initials and date: