



SENIOR CITIZEN HIGHER EDUCATION ACT WAIVER FORM

Fax: (540) 568-4252/MSc 6906

Name _____

Term you wish to enter: Fall _____ Spring _____ May Session _____ Summer _____

23-38:56 CODE OF VIRGINIA

(I) To register for and enroll in courses as a full-time or part-time student for academic credit if such senior citizen has a taxable income not to exceed \$15,000 for federal income tax purposes for the year preceding the year in which enrollment is sought;

(II) To register for and audit courses offered for academic credit; and

(III) To register for and enroll in courses not offered for academic credit in any state institution of higher education in this Commonwealth.

Such senior citizen shall pay no tuition or fees except fees established for the purpose of paying for course materials, such as laboratory fees, but shall be subject to the admission requirements of the institution and a determination by the institution of its ability to offer the course or courses for which the senior citizen registers; however, a senior citizen shall only be admitted to a course in which enrollment is sought after all tuition-paying students have been accommodated. No senior citizen admitted to a state institution of higher learning pursuant to this chapter shall be counted in any computation of full-time equivalent students by such institution.

FOR CREDIT: I have been a legal resident of the State of Virginia for one year prior to the term for which enrollment is sought.

I reached 60 years of age before the beginning of the term.

My taxable income did not exceed \$15,000 for federal income tax purposes for the year preceding the term in which enrollment is sought.

I certify that I meet the conditions:

Signature _____ Social Security No. _____

Outreach & Engagement _____ Date _____

FOR AUDIT: I have been a legal resident of the State of Virginia for one year prior to the term for which enrollment is sought.

I reached 60 years of age before the beginning of the term.

I certify that I meet the conditions:

Signature _____ Social Security No. _____

Outreach & Engagement _____ Date _____