



# Senior Citizen Higher Education Act Waiver Form

### Contact Information

Phone: 540/568-4253

Fax: 540/568-4252

MSC: 6906

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

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

### 23-38:54 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 had a taxable individual income not exceeding \$23,850 for Virginia 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. The State Council of Higher Education shall establish procedures to ensure that tuition-paying students are accommodated in courses before senior citizens participating in this program are enrolled. However, the state institutions of higher education may make individual exceptions to these procedures when the senior citizen has completed seventy-five percent of the requirements for a degree. There shall be no limit to the number of terms, quarters or semesters in which a senior citizen who is not enrolled for academic credit may register for courses but he may register for no more than three courses in any one term, quarter or semester.

### FOR CREDIT

- (I) I have been a legal resident of the State of Virginia for one year prior to the term for which enrollment is sought.
- (II) I reached 60 years of age before the beginning of the term.
- (I) My taxable income did not exceed \$23,850 for Virginia income tax purposes for the year preceding the term in which enrollment is sought.

I certify that I meet the conditions: \_\_\_\_\_

Social Security No. [Click here to enter text.](#)

Outreach and Engagement: \_\_\_\_\_

Date: [Click here to enter text.](#)

### FOR AUDIT

- (I) I have been a legal resident of the State of Virginia for one year prior to the term for which enrollment is sought.
  - (II) I reached 60 years of age before the beginning of the term.
- \*Please note that if you wish to audit a course, you will need permission from the instructor and department head.

I certify that I meet the conditions: \_\_\_\_\_

Social Security No. [Click here to enter text.](#)

Outreach and Engagement: \_\_\_\_\_

Date: [Click here to enter text.](#)