

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: \square	May Session: □	Summer: □			
			23-38:54 (CODE OF VIRGINIA	A			
					redit if such senior citizen had a taxal he year in which enrollment is sough			
(ii) To i) To register for and audit courses offered for academic credit; and							
(iii) To i	To register for and enroll in courses not offered for academic credit in any state institution of higher education in this Commonwealth							
but shall b courses fo students as higher edu requireme for acaden will be no	e subject to the a r which the senion re accommodated acation may make the senion of the restriction on the	admission requirent or citizen registers. d in courses before the individual except There shall be not begister for courses the number of courses.	ments of the institut. The State Council e senior citizens partitions to these procellimit to the number but he may register es that may be take	tion and a determination of lost Higher Education sharticipating in this programedures when the senior correct of terms, quarters or ser for no more than three corrections.	paying for course materials, such as by the institution of its ability to offer all establish procedures to ensure that in are enrolled. However, the state institizen has completed seventy-five per mesters in which a senior citizen who courses in any one term, quarter or sessemester or quarter, or on the number	r the course or tuition-paying stitutions of cent of the o is not enrolled mester. There		
			F	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.								
(I) M								
I certify that I meet the conditions:				Social Security No. Click here to enter text.				
Profess	sional & Contin	uing Education:_		Dat	e: Click here to enter text.			
				FOR AUDIT				
(I) (II)) I reached	60 years of age be	fore the beginning	of the term.	the term for which enrollment is sound from the instructor and department			
I certify that I meet the conditions:				Soci	ial Security No. Click here to enter to	Security No. Click here to enter text.		

Date: Click here to enter text.

Professional & Continuing Education: