



Student Tuition Assistance Agreement for Senior Citizens

Name: _____ **EmplID:** _____

SSN: _____ **Date of Birth:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Business Phone:** _____

Credit Courses

I hereby certify that I am qualified for free tuition for credit courses by meeting the following criteria:

- am 60 years of age or older;
- am a legal domiciled resident (12 months) of Virginia;
- had a taxable income not exceeding \$23,850 for Virginia Income Tax purposes for the year preceding the year in which enrollment is sought;
- have been admitted to the College as a student.

Audit Courses

I hereby certify that I am qualified for free tuition for auditing of credit courses or for taking non-credit courses (not to exceed three courses per semester) by meeting the following criteria:

- am 60 years of age or older;
- am a legal domiciled resident (12 months) of Virginia;
- have been admitted to the College as a student.

I understand that I will be enrolled in the following course(s). I also understand that the Senior Citizens Higher Education Act of 1974 provides that "tuition-paying students are accommodated in courses before senior citizens participating in this program are enrolled."

Signature

Date

Enrollment Services Use Only

Course	Credit	Audit	Non-Credit

Tuition \$ _____ Amount covered by agreement \$ _____

Fees \$ _____ Amount to be paid by student \$ _____

Total Due \$ _____

ES or Continuing Education Approval: _____
(as appropriate)

Campus Business Office Approval: _____

Payment Record

Date	Amount	Receipt #	Initials

For Office Use Only: Term: _____ Acct #: _____ ES: _____ Date: _____