

Sixty-Plus Tuition Waiver

I understand that in order to request a Sixty-Plus Tuition Waiver, I will be required to (please initial):

_____ complete this form *each semester* I attend.

_____ be responsible for the registration fee, special course fees, and required text book(s).

_____ meet pre- or co-requisites required of the course.

CERTIFICATION

I certify that (please initial):

_____ I am a resident of the state of ARKANSAS and that I am not required to register with the Selective Service because I have reached my sixtieth birthday.

_____ I understand that I must *wait to enroll in any credit class until two days prior to the beginning of the semester*, with the exception of the fitness course. If I choose to enroll in a class before this date, the tuition and fees will be my responsibility.

_____ I understand that if I choose to audit a course (not receive a letter grade) that all the requirements of the Sixty-Plus Tuition Waiver still apply.

IDN _____ Student Name _____

Student Signature _____ Date _____

For Financial Aid Use Only

Semester: _____ Amount of tuition: \$ _____ Processed by: _____