



SENIOR CITIZEN WAIVER FORM (For Credit)

Student Full Legal Name (Please Print)						Preferred Phone Number		
First Name		Middle Initial		Last Name		()		
Germanna Student ID Number						Current Term (Please Check)		Current Year
						Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/>		20____

Under the Senior Citizens Higher Education Act of 1974 Code of Virginia 23-38.54-60, Senior citizens may apply for free tuition. Senior citizens may enroll in no more than 3 courses per semester on a space-available basis. Senior citizens may not enroll in a class unless there are available seats. Senior citizens may not enroll in a class until one week prior to the start of the session. Germanna shall determine whether or not it has the ability to offer a class. Senior Waiver students may not enroll in more than three courses per semester.

Guidelines for Eligibility

For **CREDIT** courses, a person must meet the following criteria:

1. Be admitted to the college as a student.
2. Be 60 years of age or older before the semester begins.
3. Be domiciled in Virginia for at least 1 year prior to the first day of classes.
4. Provide documentation proving taxable income for previous year does not exceed \$23,850.

Course Number	Course Subject-Section	Session	Credits

Please read before signing:

- I understand that I am responsible for having satisfied all placement testing requirements, prerequisites, and/or co-requisites before enrolling.
- Documentation of satisfying prerequisites must be provided to Counseling prior to enrolling.
- All students are responsible for fees associated with course materials, such as book, laboratory or IncludED fees.

I hereby certify that I have read and understand the terms above regarding CREDIT courses and that I am responsible for fees associated with course materials, such as book, laboratory or IncludED fees. I also certify that I am aware that if said fees are not paid, I run the risk of being dropped from the above classes.

Student's Signature _____ **Date** _____

For Office Use Only:	Staff Member: <input checked="" type="checkbox"/> Verified Original Documentation		
Please scan completed Senior Citizen Waiver Form to the Business Office.			
A&R Approval: Initials _____	Age Verified: Initials _____	Domicile Verified: Initials _____	
Income Verified: Initials _____			
Processed by: _____		Date: _____	