



Senior Citizen Waiver Form (For Audit)

Student Full Legal Name (Please Print): _____

Germanna Student ID Number: _____

Preferred Phone Number: _____

Current Term (Fall, Spring, or Summer): _____

Current Year: _____

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 (3) courses per semester.

Guidelines for Eligibility

To **Audit** a credit course under the senior citizen waiver, 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 first day of the semester.
3. Be domiciled in Virginia for at least 1 year prior to the first day of classes.

5-Digit Class Number	Course Name and Section	Credits

PLEASE NOTE:

- Changes from audit to credit must be done **by the last day to enroll** in the class while changes from credit to audit must be done **by the last day to drop** with a refund. Please review the current Academic Calendar for important deadline dates.
- Audited courses receive the final grade of (X).
- 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 AUDIT courses and that I am responsible for fees associated with course materials, such as book, laboratory or IncludedED 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 Name (Please Print): _____

Student's Signature: _____

Date: _____

☐ Approved

☐ Not Approved

Dean of Instruction's Name (Please Print): _____

Dean of Instruction's Signature: _____

Date: _____

Office Use Only

A&R approval given by: _____

Age verified by: _____

Domicile verified by: _____

Person who entered enrollment in SIS: _____

Date of enrollment: _____

Completed Senior Citizen Waiver should be sent to Business Office.