



**CERTIFICATE OF TUITION WAIVER**  
Category: Senior Citizen

**Student Information:**

Name: \_\_\_\_\_  
Last First Middle Initial

Social Security Number (required): \_\_\_\_\_ -- --

**Course Eligibility:** Any course offered through the Day Division which is acceptable toward an undergraduate degree program or certificate program. An audit fee of \$160.00\* per course will assessed. (\*Subject to change.)

**Category:**

Senior Citizen (Persons aged 60 or over).

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM / DD / YY

**Eligibility Certification:**

I certify I am a Massachusetts Resident and I am not in default of any Federal Student Loans or owe a refund for any previously received Financial Aid. I have also provided the University with the required documentation to substantiate eligibility for the above referenced Categorical Tuition Waiver.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**DOCUMENTATION TO BE SUBMITTED BY THE STUDENT:**

**Senior Citizen:**  Check here if the documentation is on file from a previous semester's enrollment.

- 1) **Documentation of Age - Birth Certificate or Driver's License.** (A photocopy of either document is acceptable.)
- 2) **Proof of Massachusetts Residency – Completed and included with this Waiver.**

\*\*\*\*\* **Office Use Only** \*\*\*\*\*

The above named student has provided the required documentation to evidence eligibility for the above referenced Tuition Waiver. Therefore, in accordance with the Board of Higher Education Tuition Guidelines and with the General Laws, Chapter 15A, Section 19, a Tuition Waiver has been granted for the period indicated below:

\_\_\_\_\_  
Signature of University Registrar (or Designee)

\_\_\_\_\_  
Date



## Senior Citizen Course Enrollment Request

Please Print Clearly:

**Demographic Information:**

\_\_\_\_\_  
First Name                      Middle Initial                      Last Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City                                      State                                      Zip Code

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Daytime Telephone Number (Please include Area Code)

Sex: Male Female (Circle one)

**Emergency Contact Information:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone Number: \_\_\_\_\_  
(Please include Area Code)

**Course Selection Information:**

Please indicate below the course(s) you are requesting enrollment into (by order of preference, in the event first choices are not available).

CRN	Course Number/Section:	Course Title:	Approval by Registrar
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**For office use only:**

**Office of the University Registrar:**

Academic Semester and Year: \_\_\_\_\_

Total number of courses student is expected to enroll into for the semester: \_\_\_\_\_

Part-time or Full-time: \_\_\_\_\_

Student's FSU ID#: \_\_\_\_\_  
(Will be assigned after paperwork is reviewed if new student)

Program Code: **NM NON U**

Class Code: **NM**

Major Code: **NONM**

Fee Assessment Rate Code: **SENRC**

Registrar's (or Designee's) initials indicating approval to complete application & registration through the Course Add/Drop process and attend the Day Division of the University as a student for the semester listed above: \_\_\_\_\_

Date: \_\_\_\_\_

Computer fields updated: \_\_\_\_\_

Date processed & Initials

**Student Accounts Office:**

Total amount of fees paid for: \_\_\_\_\_

Student Accounts Stamp  
with initials and date: