

# SENIOR CITIZEN TUITION WAIVER REQUEST

NAME: Last, First, Middle Initial			WSU ID NUMBER (9 digits)	TERM: 20__ Fall Spring
Address			Email Address	<b>CAMPUS LOCATION</b> <b>Pullman</b> (wsu.registration@wsu.edu) <b>Spokane</b> (spokane.registrar@wsu.edu) <b>Tri-Cities</b> (tricitie.registrar@wsu.edu) <b>Vancouver</b> (van.registrar@wsu.edu) <b>Everett</b> (everett.registrar@wsu.edu)
City	State	Zip Code	Daytime Phone #	

## COURSE REQUESTS – Indicate courses below to request enrollment as AUDIT ONLY

Course Subject/ Course No. (eg. ANTH 101)	Sec. No. (eg: 01)	Class SLN (eg: 2061)	Lab SLN (eg. 2062)	Credit Hours (must enter if variable)	Instructor Signature Required	Enrollment in Full Class Department Chair Signature	Department Consent Required Departmental Signature

**Enrollment Limit** - Enrollment under this waiver is limited to six (6) credits and a maximum of two (2) courses; may be taken fall and spring semesters only.

**Admission** - Senior citizens using this Tuition Waiver will be admitted at the Registrar's Office at the same time they are enrolled.

**Course Exceptions** - Senior citizens may not enroll in internships, 100% online classes without any on-campus component, courses numbered 499, 600, 700, 702 and 800 and self-supporting courses (including all summer session courses) under this waiver.

**Charges** - Senior citizens enrolled with this waiver pay a \$5.00 non-refundable administrative fee plus any special course fees and/or laboratory fees. Fees must be paid by the second Friday of classes to avoid late payment fees.

### ELECTRONIC SUBMISSION

#### Instructions for Senior Citizen:

- Fill out top portion of the request form. Electronically sign and date.
- Save form as a PDF to your computer.
- Send ONE email to course instructor(s) and attach the saved PDF Form.

#### Instructions for Instructor(s)

- Open attached PDF and sign via fill/sign through Adobe Acrobat. Sign the 'instructor signature' box next to the course for which you are the instructor.
- Save form as a PDF to your computer.
- Email saved PDF to your campus email address listed above for processing.

### IN-PERSON OR MAIL-IN SUBMISSION

#### Instructions:

- Fill out top portion of the request form. Sign and date.
- Obtain course instructor(s) signatures in the appropriate signature box.
- Return form to your campus Registrar's Office for processing.

**Eligibility Certification** - Enrollees under this WSU Tuition Waiver for Persons Age 60 and over are registered on a space available basis and as Audit Only. As a condition of this waiver under the provisions of RCW 28B.15.540, I hereby certify that I am 60 years or older and a resident of the state of Washington. I further certify that I do not plan to use the course(s) taken through such enrollment toward credentials, degrees or for salary increase. By typing my name in the signature box, I certify that this is my digital signature.

Signature of Senior Citizen \_\_\_\_\_ Date \_\_\_\_\_

### For Registrar Office Personnel Use:

__ Verified DOB & RES	__ Quick Admit	__ Enroll in Quick Enroll	Verified by Registrar's Office	Waiver Code Entered	Date
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