Senior Citizen Fee Remission Request

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•	 be retired, and (3) I will not be employed on a full-time basis. I confirm that the information listed on my application is true and accurate including, but not limited to, my date of birth and address. I agree to (1) provide the Office of the Registrar with all data necessary to verify my eligibility for this award if so requested, and (2) pay all IU fees that are not covered by the Senior Citizen Fee Remission Program. I will allow the Office of the Registrar to review my state issued identification card for the purpose of verifying my date of birth and state of residence. I understand the fee remission is equal to one-half Indiana resident tuition (to a maximum of 9 credits per term) only; all associated mandatory, program, course/class fees will be my responsibility to pay. I understand the fee remission is not retroactive and cannot apply to previous terms. I understand this request must be submitted before noon on Friday of the first week of classes. I understand that registration is on a space-available basis and that taking advantage of the senior citizen fee waiver will prohibit me from registering for classes prior to three days before the start of classes for the term. 																																						
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Please return this completed form with a printed FOR INTERNAL USE ONLY Date Reviewed: Printed and signature of reviewing authority: Explain denial reason(s) below:														_	Ар	prov	/ed	d Cr	edi	t H	οι	urs:_					C)eni	ed	Cred		łou				-			