

Senior Citizen Fee Remission Request

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University ID Number

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Last Name

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First Name

Street Address

City

State

Zip

Phone Number

E-mail Address

High School (or GED) Graduation Date (mm/yyyy)

Term Attending (i.e. fall 2015)

- I affirm that I am an Indiana resident and, at the time of the first day of classes (1) I will be at least 60 years of age; (2) I will 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.
- I understand that if my request to receive the senior citizens fee remission is denied, I may submit an appeal to the Office of Registrar.
- I understand that a request form must be completed for each term for which I am requesting the fee remission.
- I have provided the Office of the Registrar with a printed copy of my class schedule.

Student Signature

Date

Please return this completed form with a printed copy of your class schedule to the Office of the Registrar.

FOR INTERNAL USE ONLY Date Reviewed: _____ Approved Credit Hours: _____ Denied Credit Hours: _____

Printed and signature of reviewing authority: _____

Explain denial reason(s) below: