



Senior Citizen (over 62) Waiver

Registrar's Office
Davidson Hall, Room 116

Name	CCSU ID#	Term/Year 20 _____
Address		<input type="checkbox"/> Fall
City		<input type="checkbox"/> Winter / Intersession
State	Zip	<input type="checkbox"/> Spring
		<input type="checkbox"/> Summer

I request to be registered as a senior citizen and apply for a waiver under the following conditions as prescribed by CSU Board of Trustees Resolution #98-10 (<http://www.bursar.ccsu.edu/waivers.htm>):

I am at least 62 years of age and a resident of Connecticut.

Please attach proof of residency and age.

AND

Check one student status:

I am a part-time student.

The **Course Fee** is waived for any Connecticut resident presenting evidence of being 62 years of age or older who registers part-time through the Registrar's Office / Enrollment Center. **Waiver of course fees for Online CCSU courses is authorized at 25% only.** Registration is on a space available basis and special registration dates apply. Refunds are processed as per the University's Refund Policy.

I am a full-time student.

The payment of **Tuition** and **State University Fee** is waived for any Connecticut resident presenting evidence of being 62 years of age or older who has been accepted for full-time admission and is enrolled in a degree-granting program. Refunds are processed as per the University's Refund Policy.

I understand that I am responsible for any financial obligations that may occur as a result of failing to meet the stated criteria for eligibility.

Student Signature _____ Date _____

Attach Documentation of Residency & Age

The student meets the requirements for registration with a senior citizen (over-62) waiver.

Registrar's Signature _____ Date _____