

AGE 60 OR OVER TUITION WAIVER

I, _____, _____,
(Print Name) (Social Security Number)
request waiver of tuition in the amount of \$ _____ for the 20 _____ Fall/Spring semester,
or the 20 _____ 1st/2nd Summer Term, under the provisions of Act 678 of 1975 as amended by Act 525 of 1977.

Act 678 of 1975 provides for tuition-free enrollment in academic credit courses for all Arkansas residents aged 60 or above on a "space available" basis upon proof of age. Enrollment options include credit registration (grade and transcript record), audit (no grade but a transcript record), or non-credit (no grade, no transcript record). Subsequently the University will waive the mandatory fees associated with the class.

As proof that I am 60 years of age or older, attached is one of the records listed below.

Signature _____ Date _____

Department	Course No.	Credit Hours		Department	Course No.	Credit Hours
_____	_____	_____		_____	_____	_____
_____	_____	_____		_____	_____	_____
_____	_____	_____		_____	_____	_____

I hereby certify that I have examined the following records and that date of birth of the above named individual is

_____.

Birth Certificate _____	Insurance Policy _____
Delayed Birth Certificate _____	Old Census Record _____
Family Bible _____	School Record _____
Marriage License _____	Driver's License _____

Signature of University Official



Office Use Only
Business Office authorization _____
Date _____
Amount _____