SENIOR CITIZEN WAIVER

Over 62

First  Middle  Last  Student ID Number

Permanent Address:  Street  Term/Year

City  State  Zip Code

☐ I request to be registered as a senior citizen and apply for a waiver under the following conditions as prescribed by Connecticut General Statutes 10a-99-d-3.

Please check your student status below:

☐ Part – Time Student

The Course Fee is waived for any Connecticut resident presenting evidence of being 62 years of age or older who registers as a part–time student. Registration is on a space available basis. Refunds are processed as per the University’s Refund Policy.

☐ 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. Attached are Documentation of Residency and Age.

__________________________________________  _________________________________
Student’s Signature  Date

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

__________________________________________  _________________________________
Registrar’s Signature  Date

Please complete this form and return to the Office of the Registrar for approval
Willard-DiLoreto Room D202,
1615 Stanley Street, New Britain, CT 06050
Fax it to 860-832-2250 or email it to regstaff@ccsu.edu