



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.
Davidson Hall, Room 116, 1615 Stanley Street, New Britain, CT 06050
Fax it to 860-832-2250 or email it to regstaff@ccsu.edu**