SENIOR CITIZEN
TUITION FEE WAIVER FORM

University of West Florida

OFFICE OF THE REGISTRAR
11000 University Parkway, **Bldg 18** Pensacola, FL 32514
Telephone: 850.474.2244 Fax: 850.473.7345
registrar@uwf.edu

Registered senior citizens utilizing this tuition fee waiver are subject to all the academic policies and procedures as stated in the University Catalog.

UWF ID Number:_____ Name:_____
First Middle Initial Last

Street Address: _____ City: _____ State: _____ Zip Code: _____

Daytime Phone Number:_____ Date of Birth: _____ Email Address: _____

Student Status (mark only one): ☐ Current Student ☐ New/ Readmitted Student

REGISTRATION INFORMATION

REGISTRATION TERM: Year _____ **Semester:** ☐ Fall ☐ Spring ☐ Summer **Total number of credits hours:** _____

List course(s) for which you desire approval:

5-digit CRN (REQUIRED)	Subject Course Number	Course Title	Credit Hours

List alternative course(s) below:

5-digit CRN (REQUIRED)	Subject Course Number	Course Title	Credit Hours

I acknowledge and understand the following limitations:

☐ I must be sixty (60) years old or older.

☐ I must be classified as a Florida Resident.

☐ Enrollment is based on space-availability and courses taken under the senior citizen tuition fee waiver are on an audit basis only.

☐ I must turn in my **Senior Citizen Tuition Fee Waiver Form** after course registration (during the drop/add period).

☐ I may register for course(s) during the designated Senior Waiver registration period. If I register prior to this period, I assume financial responsibility for the course(s). Senior Waiver registration dates may be found at uwf.edu/offices/registrar/tuition-fee-waivers/senior-citizen-tuition-waiver/.

☐ I have read and acknowledge the senior citizen tuition fee waiver policy found at uwf.edu/offices/registrar/tuition-fee-waivers/senior-citizen-tuition-waiver/.

Senior Citizen Student Signature: _____ Date: _____

In accordance with FS 1009.265

OFFICE USE ONLY:

DATE RECEIVED: _____ DATE PROCESSED: _____ PROCESSED BY: _____ FORWARD CASHIER: _____