Senior Citizen Tuition Waiver Application

If you have any questions about this form, please contact BSC Student Finance: Schafer Hall, 1500 Edwards Ave., Bismarck, ND 58501 | Last Name A-H: 701-224-5533 | Last Name I-R: 701-224-5691 | Last Name S-Z 701-224-5076

STUDENT INFORMATION:

Student Name: ___________________________________________ Student ID: __________________________

Date of Birth: ___________________________________________ Phone: ____________________________

Student must provide government issued documentation verifying date of birth (example, Driver’s license or birth certificate) at time of submitting this application.

STUDENT GUIDELINES

Senior citizens, age 65 or older may receive a tuition waiver toward one on-campus course for audit each semester.

The waiver is based on a “space available” determination in the on-campus classroom. Students will not be able to enroll in the class until after the designated last date to enroll according to the Dates and Deadlines calendar for the current academic year of enrollment.

Enrolling in the course prior to the last date to enroll, even if for audit, may void the waiver application if the course is full. The student would then be responsible for the full cost of the class.

An approved waiver, meeting all qualifications, will provide a 100% tuition only waiver. All mandatory fees and course related fees will be the responsibility of the student at the time of the waiver approval.

If this waiver would be denied, student would be notified.

COURSE INFORMATION AND STUDENT ACKNOWLEDGEMENT:

Course Name: ___________________________________________ Class Number: ______________________

Semester (Fall, Spring or Summer): ________________________ Year: ____________________________

By submitting this form, I understand this tuition waiver is based on open seat enrollment. If I have added this class prior to the last date to add a class based on the Dates and Deadlines calendar for the Academic Year of enrollment, and the class is full, I will be responsible for the full cost of the class and this tuition waiver would be void.

Student Signature: ______________________________________ Date: ____________________________

FOR STUDENT FINANCE OFFICE USE ONLY SECTION:

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<thead>
<tr>
<th>Date Enrolled</th>
<th>Class Number</th>
<th>Available Seats</th>
<th>Amount of Tuition Waived</th>
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Approved: ____    Rejected: ____

Approved by: ______________________________________ Date Applied in Campus Connection: _____________