



<u>Please Check One:</u>	
New Student	<input type="radio"/>
Continuing Student	<input type="radio"/>

Senior Citizen Waiver Form

Name: _____ ID: 855 _____
Please Print Last Name First Name

WPUNJ E-mail: _____@student.wpunj.edu

Please indicate desired semester and year to apply waiver:

- Fall _____ Winter _____
 Spring _____ Summer _____

Criteria: Senior citizens who wish to take courses on a tuition-free, space available basis.

Eligibility:

- New Jersey resident
- At least 65 years or older (copy of NJ driver's license needed as proof of age)
- Apply and submit an application, every semester, as one of the following:
 - Non-Degree
 - Second Degree
 - Matriculated Graduate degree
 - Matriculated Undergraduate degree-FAFSA required
 - Certification program

Registration/Tuition:

- Registration is permitted on the first day of the semester/session.
- Enrollment is limited to available classroom space.
- If you register for a course before the first day of the semester/session, you are responsible for full payment of the course(s).
- Student is not permitted to get an override into course(s) that are closed.
- Student is only liable for payment of fees.
- All previous balances must be paid in full before the senior citizen waiver can be applied.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR WAIVER

For questions, please contact Student Accounts at studentaccounts@wpunj.edu

By signing this form, I understand that the waiver will not be approved unless all documentation is submitted and I have met all other requirements.

Student Signature

Date