SENIOR CITIZEN
TUITION FEE WAIVER FORM

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

Home Address:_____ City:_____ State:_____ Zip Code: _____

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

Registration Information: Year_____ Semester: Fall Spring Summer Total number of credit hours: _____

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.
- I may only request up to six (6) credit hours per semester.
- Enrollment is based on a space-availability and capacity overrides into closed sections are not permitted.
- Courses taken under the Senior Citizen Tuition Fee Waiver cannot be counted for credit or graded towards a degree (Audit Basis).
- I am responsible for a $10 Nautilus Card Activation Fee and any fees not covered by the Senior Citizen Tuition Fee Waiver (Online Fee, Transportation Access Fee, Material & Supply Fee, Equipment Fee, and Lab Fee).
- 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 https://uwf.edu/offices/registrar/tuition--fees/senior-citizen-tuition-waiver/.
- I have read and acknowledge the Senior Citizen Tuition Fee Waiver policy found at https://uwf.edu/offices/registrar/tuition--fees/senior-citizen-tuition-waiver/.

Senior Citizen Student Signature: _____ Date: _____

In accordance with FS 1009.26 (4)

OFFICE USE ONLY:

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

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