

Office of the University Registrar

25 University Avenue, West Chester, PA 19383

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www.wcupa.edu/registrar registrar@wcupa.edu

WCU ID#

Required

SENIOR CITIZEN FEE WAIVER

Instructions: Please return this form with the Senior Citizen Course Enrollment & Optional Audit form.

The Board of Trustees at West Chester University has approved a waiver of tuition and all auxiliary fees for senior citizens enrolling in classes on a *space-available basis*. The Board stipulates that a person applying for the fee waiver must be sixty years of age or older, retired, and a resident of Pennsylvania for at least a year.

Student Name:		Phone:		
Address:				
Term:	□ Winter	☐ Spring	_ □ Summer (Year & Session	
Please confirm with you I certify that all informati	r initials: I am sixty y I am a reside I am retired	ears of age or older ent of Pennsylvania _ from an occupation _		,
Student Signature:			Date:	
This form must be filed working program. If at any time you Office.	-		ting a course through the must notify the Registrar's	

	Office Use Only	
Processed by:	Date:	