



CENTRAL VIRGINIA COMMUNITY COLLEGE

SENIOR CITIZENS TUITION ASSISTANCE AGREEMENT

NAME: Last First Middle Initial

Street Address City Zip Code

Student ID#: Date of Birth:

I wish to enroll and receive credit in course(s) listed below.

I hereby certify that I am 60 years of age or older, that I am a legal resident of Virginia, and that my taxable income for last year did not exceed \$23,850 for Federal income Tax purposes.

I wish to enroll and audit course(s) listed below. Note: Audit courses are used for general knowledge but may not be used to complete degree requirements.

I hereby certify that I am 60 years of age or older and that I am a legal resident of Virginia.

SIGNATURE: Date:

TERM: (Choose One): Summer Fall Spring Year:

Table with 3 columns: COURSE NO. AND TITLE, CREDIT, AUDIT

Courses approved for audit by:

Division AVP (or)

College Registrar

Office Use Only: Enrolled by: Waiver placed by: