



UNIVERSITY OF ARKANSAS

Senior Citizen Fee Waiver

To be eligible for a fee waiver as provided by Act 678 of 1975 applicants must provide proof that they are 60 years or older and that they are residents of Arkansas.

Name: _____

Social Security Number: _____ Date of Birth: _____

I hereby certify that my date of birth as shown above is correct and present the following document(s) as verification:

- | | | | |
|-------|-----------------------|-------|-------------------------------|
| _____ | Baptismal certificate | _____ | Employment/Retirement records |
| _____ | Birth certificate | _____ | Passport |
| _____ | College transcript | _____ | Social Security records |
| _____ | Driver's license | | |

OFFICE USE ONLY

I certify that I have seen the document(s) described above and consider it (them) to be satisfactory evidence that this applicant is entitled to a fee waiver under Act 678. The applicant is 60 years of age or older and is a resident of the state of Arkansas.

Office of the Registrar/Admissions _____
Date

I understand that registration is on a space available basis and that taking advantage of the senior citizen fee waiver will prohibit me from registering prior to the first day of classes for the term.

Signature _____
Date

I elect to discontinue the senior citizen fee waiver in order to take advantage of priority registration. I realize by doing this I am fully responsible for my tuition and fees.

Signature _____
Date

