

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 o	f Birth:
I hereby certify that my date of birth a as verification:	as shown above is correct a	nd present the following document(s)
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 Friday before classes begin for the term.		
-	Signature	
I elect to discontinue the senior citizen f realize by doing this I am fully responsib		dvantage of priority registration. I
-	Signature	