

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 of age or older and that they are residents of Arkansas. Please submit your completed form, along with all supporting documentation, to the address below. Undergraduate applicants should choose Office of Admissions, and graduate applicants should choose Graduate School Admissions.

Name:		
Social Security Number:	Date of Birth:	
I hereby certify that my date of birth as sho document(s) as verification:	wn above is correct and present on	e or more of the following
Baptismal Certificate	Employment/Retireme	nt Records
Birth Certificate	Passport	
College Transcript	Social Security Records	
Driver's License		
age or older and is a resident of the state Office of the Registrar/Admissions	of Arkansas. Date	
I understand that registration is on a space-available prohibit me from registering prior to the Friday befo student, I am subject to all applicable University poli student conduct.	re classes begin for the term. Further, I und	derstand that, as an enrolled
	Signature	Date
I elect to discontinue the senior citizen fee waiver in am fully responsible for my tuition and fees.	order to take advantage of priority registr	ation. I realize by doing this I
	 Signature	 Date



GRADUATE SCHOOL ADMISSIONS