



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 of age 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 one or more of the following document(s) as verification:

- | | |
|--|--|
| <input type="checkbox"/> Baptismal Certificate | <input type="checkbox"/> Employment/Retirement Records |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Passport |
| <input type="checkbox"/> College Transcript | <input type="checkbox"/> Social Security Records |
| <input type="checkbox"/> 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. Further, I understand that, as an enrolled student, I am subject to all applicable University policies, including, but not limited to, policies on academic integrity and student conduct.

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

OFFICE OF ADMISSIONS

232 Silas H. Hunt Hall
1 University of Arkansas
Fayetteville, AR 72701
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