



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: (circle one): Summer Fall Spring Year: _____

COURSE NO. AND TITLE	CREDIT	AUDIT
_____	_____	_____
_____	_____	_____
_____	_____	_____

Courses approved for audit by:

_____, Division Dean (or)

_____, Enrollment Services Coordinator

Office Use Only: Enrolled by: _____ (Admissions & Records) Waiver placed by: _____ (Accounting)
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