

**Application for Senior Citizen Fee Remission**

**Bursar Form 1004 – Revised 04/28/16**

**PLEASE PRINT CLEARLY**

ALL FORMS MUST BE COMPLETED IN FULL IN ORDER TO BE PROCESSED. INCOMPLETE FORMS WILL BE RETURNED TO APPLICANT. (NEW FORM REQUIRED FOR EACH TERM.)

**\*ONLY RESIDENTS OF THE STATE OF INDIANA ARE ELIGIBLE FOR THIS REMISSION.\***

Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Current Employment Status: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Level of High School Completed: \_\_\_\_\_ Graduation/GED Date: \_\_\_\_\_

Enrollment:  Full-time (12 or more credit hours)  Part-time Degree Seeking Student?  YES  NO  
IF DEGREE SEEKING, and applying for financial aid, the Financial Aid Office is aware of all my financial resources including this tuition remission.

Term(s) of Planned Enrollment:  Fall 20\_\_\_\_  Spring 20\_\_\_\_  Summer 20\_\_\_\_

Credit Hours: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Eligibility Criteria:

- Be at least 60 years old (attach copy of Indiana driver's license or State ID)
- Must have a High School diploma or GED
- Be retired or formerly employed full-time and am no longer employed full-time
- May enroll full-time or part-time in undergraduate or graduate courses, contingent upon course availability and program requirements
- Must be an Indiana resident

There is no limit to the number of terms for which a student may receive the tuition remission. The remission is equal to 50% of general service fees and is applicable up to equivalent of 9 credit hours each semester. Special fees, non-resident tuition correspondence courses, study abroad courses, workshops, media based credit courses and no-credit courses through Continuing Education and Academic Outreach are not eligible for remission. The addition of the tuition remission may change existing financial aid awards.

**Please forward your completed application to the Bursar's Office.**

The Senior Citizen Tuition Remission is not retroactive for previous terms prior to submission of the application.

I certify by signing below that: (1) I am a resident of the State of Indiana, (2) I am retired, (3) I am not employed on a full-time basis, (4) I am at least sixty [60] years old and (5) The above information is correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Bursar Office Use Only: Date Entered _____ Initials _____
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