

Senior Citizen Agreement

Virginia Highlands Community College

Success Starts Here

Last Name: _____

First Name: _____

SS#: _____ - _____ - _____

Empl. I.D.: _____

Address: _____

Home Phone: (_____) - _____ - _____

Work Phone: (_____) - _____ - _____

Date of Birth: ____ / ____ / ____

Date: ____ / ____ / ____

- I hereby certify that I am eligible for free tuition and fees for credit courses, part-time or full-time. I am 60 years of age or older. I am a legal resident of Virginia with a taxable income not exceeding (\$15,000) for Federal income tax purpose for the year preceding the year in which enrollment is sought. I understand that I will be admitted to a course after all tuition-paying students have been accommodated.
- I hereby certify that I am eligible for free tuition for audit of credit courses or for taking non-credit courses. I am 60 years of age or older and I am a legal resident of Virginia. I understand that I will be admitted to a course after all tuition-paying students have been accommodated.

Class #	Subject	Catalog #	Section #	Lab (L)	Audit (X)	Credits	Non-Credit (✓)
10383	CHM	111	2			4	◆EXAMPLE◆
10122	CHM	111	LAAL	L			◆EXAMPLE◆

Student Signature: _____

Date: _____

Admissions/CBI Signature: _____

Date: _____

Total Credits: _____

Tuition: \$ _____