

Date

Print in black ink only

CGCC Student ID # Name					
	Last Name		First Name	Middle Initial	
Address					
Street Address		Apt or Sp #			
City	State		Zip		

- 1. This Oregon Senior Option Tuition Waiver form must be completed and returned to Student Services prior to the second Friday of the term.
- 2. A Grade Mode Form must also be completed by the student, signed by the instructor whose class the student wishes to audit, and returned to Student Services prior to the first Friday of the term.
- 3. The Oregon Senior Option will be open to any Oregon resident who is 65 years of age or older at the beginning of the term in which the course is offered.
- 4. The course must be a lower-division collegiate course.
- 5. Senior Option students will not displace paying students.
- 6. The maximum cost to be covered by an approved tuition waiver each term is the cost of 8 credits.
- 7. All course fees are to be paid by the student.

I	request a tuition waiver for	for the following classes:		
Student Name	Ter	m/Year		
Class Name	Class Na	ame		
CRN	CRN	CRN		
Tuition*	Tuition*			
Class Name	Class Na	ame		
CRN		CRN		
Tuition*	Tuition*			
Total number of credits waived**				
*Does not include associated fees that must be pa **Include total of all previous waivers submitted t				
Student Signature	DateChief St	udent Services Officer Signature		