



Enrollment Services

Senior Citizen Waiver Request for Space Available

Student name _____ Phone _____

Email _____ SID _____

Quarter: summer fall winter spring 20_____

Waiver requirements: Read and check each box.

- Washington State resident for 12 or more months.
- Washington State driver's license or ID card.
- 60 years of age on the first day of the quarter of attendance.
- A maximum of 2 courses per quarter.
- Tuition of \$5.00 PLUS class/student fees cannot be waived.
- Classes are only awarded an audit grade (no credit)
- Prerequisites must be met (i.e., placement test score, transfer credit or completion of the prerequisite course at OC).
- Cannot be used for online, hybrid, zero credit, independent study or continuing education classes.
- Space must be available in the class. Instructors cannot raise class caps or give permission to over-enroll if space is not available.

Instructions:

1. Fill out and submit form to Registration no later than 4 pm on day five of the quarter. Provide age and resident information at time of submission.
2. Day 1 -- 5: Attend classes and tell the instructor you have requested a senior waiver.
3. Day 6 -- 10: If space is available, you will be registered in the class and contacted by Registration staff. The course will appear on your schedule.
4. Payment in full is required within two business days after enrollment. Pay in person, by phone with the cashier at 360.475.7181, or online using OASIS.
5. If space is not available by the tenth day of the quarter, continued attendance is not allowed.

Note: If you decide not to attend, notify registration immediately 360.475.7650 or registration@olympic.edu.

I have read and understand the information presented

Student Signature

Date

Registration and Records staff:

- If student does not have SID, assign one when you take in the senior waiver form.
- Do not register into the class(es).
- Attach completed registration form to this request.
- Give 2 (or 3) photocopies of this form to student (one for student, additional for student to take to faculty)

Time: _____

Date received in Registration/Records: _____

Waiver type: **Senior Citizen**

Registration and Records Office use only:

Accepted Item number(s): _____ Date(s): _____

Not accepted Item number(s): _____ Date(s): _____

Reason _____

Student contact: Talked to student Left message with family member

Left message on answering machine E-mailed student

Notes: _____

R&R signature _____ Date _____