GHC SENIOR CITIZEN TUITION WAIVER REQUEST

NAME: Last, First, Middle I		ID NUMBER		TERM: 20 Fall Winter Spring Summer			
Address		Email Address					
City	State	Zip Code		Phone #			
	COURSE RE	QUESTS -	- Indicate co	ourses below	to request enr	ollment as AUDIT ONL	(
Course Subject (eg. ANTH8	k) Course No. (eg. 101)		Class Nbr (eg: 2061)	Lab Nbr (eg. 2062)	Credit Hours (eg. 5 cr)	Instructor Signature	Required
 Enrollment Limit - Enrollment and a maximum of two (2) course summer quarter. Course Exceptions - Senior citic admissions programs or Bache waiver. Charges - Senior citizens enroll administrative fee plus any spe must be paid by the second Fri Eligibility Certification - Enrollees und As a condition of this waiver under th use the course(s) taken through such requirements. 	urses; may be taken fall zens may not enroll in in lor of Applied Science p ed with this waiver pay ecial course fees and/o day of classes to avoid der this GHC Tuition Wa e provisions of RCW 28	, winter, spri nternships, s rograms und a \$5.00 non r laboratory late payment iver for Pers B.15.540, I h	ng, and elect ler this -refundable fees. Fees t fees. ons Age 60 and ereby certify tha	Instructions: • Fill out to • Get instr • Return for enrollme over are register at I am 60 years of	op portion of the rec uctor approval eithe orm to Welcome Cer nt@ghc.edu red on a space availa or older and a reside	uest form. Sign and date. r in person or through email. iter Office for processing either ble basis beginning the fifth da ent of the state of Washington.	y of each quarter, and as Audit Only I further certify that I do not plan to
Signature of Senior Citizen						Date	
		I	For Registra	r Office Pers	onnel Use:		

Verified DOB & RES	Quick Admit	Enroll in Quick Enroll	, .	Waiver Code	Date
			Office	Entered	