Enrollment Services • 4000 Lancaster Drive N.E. - P.O. Box 14007 • Salem, Oregon 97309 • 503.399.5001

Chemeketa Community College

65+ TUITION WAIVER & AUDIT REQUEST

This form is to be used to request approval to register and receive a tuition waiver of approved credit courses.
THE TUITION WAIVER BENEFIT WILL NOT APPLY UNLESS REGISTRATION IS PROCESSED THROUGH THIS FORM.

Students MUST FIRST APPLY FOR ADMISSION to Chemeketa at http://applyonline.chemeketa.edu

Eligibility:
* Student MUST be 65 years or older and a resident of Oregon at the beginning of the term in which the course is offered; and
* Space must be available in the course as determined by the instructor and the department; and
* Space availability will be determined beginning the second week of the class for full term courses; and
* The course must be a lower-division collegiate credit course (100 or 200 level course- e.g. ART 101, SPN 111, WR 227, etc.); and
* The course perquisites must be satisfied prior to enrollment; and
* The maximum costs to be covered by an approved tuition waiver each term is the cost of 8 credits. All course fees are to be paid by student.
* Completed forms must be submitted NO LATER than the end of the 4th week of term.

Grades and credit will not be granted at any time for courses taken with this waiver benefit (or for audit). Audited classes will not satisfy graduation requirements, veteran's certification, or most financial aid requirements. **Students enrolled in classes for audit will participate in the class to the degree that they and the instructor determine.**

Complete the entire form including instructor & departmental signatures as appropriate and submit to the Enrollment Center in Building 2, room 200 on the Salem campus or to any other Chemeketa campus or center front office.

Student Information: PLEASE PRINT

Student ID (K#) or Social Security Number*

* Providing your social security number is voluntary. If you provide it, the college will use your social security number for keeping records, doing research, aggregate reporting, extending credit and collecting debts. Your social security number will not be given to the general public. If you choose not to provide your social security number, you will not be denied any rights as a student. Please read the statement on the inside back cover of the schedule of classes which describes how your number will be used. Providing your social security number means that you consent to use of the number in the manner described. Contact the Registrar's Office for additional information.

Name_____
Last First Middle

Address_____
Street City State ZIP+4

Date of Birth_____/____/_____ Phone ( )_____e-mail_____
MM DD YYYY

Course Information:

Term: Summer Fall Winter Spring **Year:**_____
(Circle term)

CRN (5 digits)	Course ID (e.g. MTH105)	Instructor Signature & date (*required*)	Department Signature & date (*required*)	OFFICE USE ONLY	
				Course Tuition (Waived if approved)	Course Fee (Amount Due from student)

PAYMENT OF FEES IS DUE WITHIN 10 DAYS OF REGISTRATION

I understand that any unpaid tuition and fees and other charges will be considered an educational loan between me and Chemeketa Community College that is non-dischargeable under Section 523(a)(8) of the US Bankruptcy Code. I further understand that if I fail to pay my account balance in full, late charges and any subsequent collection charges may be added to my account balance due. In case legal action is instituted to collect on my account, I agree to pay in addition to the costs and disbursements, provided by law, such additional sums as a court of law may determine as reasonable for attorney's fees and court costs. Oregon State law applies to any dispute over payment.

Student Signature_____ **Date**_____

Chemeketa Community College is an equal opportunity/affirmative action employer and educational institution.
To request this publication in an alternative format, please call 503.399.5192.

Office Use Only

Term Code: _____ Registration CODE: RO Registering Staff: _____ Date:_____ Fees Paid? ☐Yes ☐
Waiver Approved ☐Yes ☐ No Waiver input (Exemption Code 1) by: _____Date:_____