Office of Enrollment Services, 4000 Lancaster Drive NE, Building 2, Room 200, Salem, OR

Mailing Address: PO Box 14007, Salem, OR 97309-7070

Phone: 503.399.5001 Email: registrar@chemeketa.edu



## 65+ Tuition Waiver & Audit Request The tuition waiver benefit will not apply unless registration is processed through this form.

- 1. Eligibility requirements:
  - a. Must be 65 years or older AND a Oregon resident as of the start of the term
  - b. As of 2<sup>nd</sup> week of the course the instructor & department must verify space is available in the course
  - c. Lower-division 100 or 200 level collegiate credit courses qualify for the waiver (see catalog pg 146)
  - d. Course prerequisites must be satisfied prior to enrollment
  - e. The tuition waiver can be used to cover a maximum cost of 8 credits per term
  - The student is responsible for paying all course fees
  - g. Forms are accepted no earlier than the 2<sup>nd</sup> week of the term and no later than the 4<sup>th</sup> week
  - h. Do NOT enroll in the course online via My Chemeketa, that will disqualify you from receiving the waiver
- 2. About Audited Courses:
  - a. Grades and credits are not granted at any time for audited courses
  - b. Audited courses will not satisfy graduation, veteran's benefit, or financial aid requirements
  - c. Auditing students participate in the course to the degree that they and the instructor agree upon
- Steps to request a 65+ Tuition Waiver and Audit Request:
  - a. If you are not already a Chemeketa student you must apply for admission: http://applyonline.chemeketa.edu
  - b. Complete the entire form & obtain the required instructor and departmental approval signatures
  - c. Submit the completed form to Enrollment Services, Salem Campus, Building 2, Room 200

Student ID (K#): K	Birth	Date:	
Name:			
Last,	First,	Middle	
Address:			
Street,	City,	State	Zip
Phone Number with Area Code: Cell Pho	one:	Home Phone:	
Tern	n: Term & Year (e.g. Fa	UI 2045)	
	rerm & Year (e.g. Fa	all 2015)	
Course Subject & #:		CRN:	
(e.g. ART 101)		-	
Instructor:		Department:	
Signature	Date	Signature	Date
Course Subject & #:		CRN:	
(e.g. ART 101) Instructor:		Department:	
Signature	Date	Department:Signature	Date
•		•	
I understand that any unpaid tuition and fees and oth College that is non-dischargeable under Section 523 in full, late charges and any subsequent collection chon my account, I agree to pay in addition to the costs as reasonable for attorney's fees and court costs. Or	(a)(8) of the US Bankrupto arges may be added to m and disbursements, prov	ered an educational loan between me ar by Code. I further understand that if I fail y account balance due. In case legal artided by law, such additional sums as a control of the control	il to pay my account balance ction is instituted to collect
Student Signature		Date	
	Office Use	Only	
Registration Code: RO Processed by:	Office Use		
Waiver Approved: Yes \( \subseteq \text{No} \subseteq \text{Waiver Input}		Date:	

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