

UNIVERSITY OF MAINE AT AUGUSTA

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OFFICE OF THE REGISTRAR

APPLICATION FOR SENIOR TUITION WAIVER

The University of Maine System's Board of Trustees has authorized the waiver of tuition charged for any Maine resident aged 65 or over who registers for an undergraduate course on a space available basis. Please note that you must submit this form each semester of enrollment. If this is the first semester you are using this waiver to register for classes, please attach a copy of your license or some other document to provide proof of your date of birth.

PLEASE COMPLETE THIS SECTION

Name	Student ID
Mailing Address	
Date of Birth	
Email address	Telephone No.
I hereby request a waiver of tuition that I am a Maine resident and that I	under the Senior Citizen Tuition Waiver Program. I attest am 65 years of age or older.
allowed into the class on a space-ava fees. The University reserves the rig	aives the tuition charges for my class(es), I will be ailable basis and I will be required to pay for any course to cancel and refund my fees if the class becomes full ruition waiting to get into the same class.
Signature	Date
Requested Cla	ass, Class Number, Title and Semester
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<u>*</u>	UMA Registrar's Office via fax to 207-621-3116 or chment to UMAAR@maine.edu

46 University Drive Augusta Maine 04330-9410 www.uma.edu 207-621-3079 1-877-862-1234 TTY 1-800-316-3600

Office Use Only

Age verified		by	
Date		Name	
Class Nbr / Subj & Crse _		Space Available	
Vaiver Approved		Name Date	