Office of the Registrar
Senior Citizen (60+) Tuition Waiver & Audit Form

University ID# ___________________________ Term: Spring 20__ Summer 20__ Fall 20__

Name: ________________________________________ Last                      First                      MI

Address: _____________________________________________________________
Number & Street                      City                      State                      Zip                      County

Phone: (________) ___________________________ Email: ________________________________

Student Signature ___________________ Date __________________

Instructions:
1. If you are currently registered for the course(s), you must DROP the course(s) before this form will be processed.
2. Obtain instructor approval on the form for each course you would want to audit.
3. Bring the original form to the Registrar for processing.

<table>
<thead>
<tr>
<th>Course Prefix &amp; Number</th>
<th>CRN</th>
<th>Audit Hours</th>
<th>Instructor’s Signature</th>
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Note: If more than four courses are being audited, please complete another audit registration form.

Florida ID will be required at time of registration for classes.

Please take form to Cashiers office once signed by Office of the Registrar.

For Office Use Only

_________________________________ Total Credits to be Audited: ____________
Office of the Registrar Official Signature & Date

Grade Mode Changed to X: ___________ Status Level Changed to AU: ___________
(OR Initials)   (OR Initials)

FL Document: __________________________ Issue Date of FL Document: ____________

_______________________________ ___________________
Cashier’s Office Signature       Date

Form revised 11.2012