# Senior Citizen Tuition Waiver

Registrar@usca.edu - (803) 641-3550 – Penland 109

U of SC Aiken
Registrar

Section 59-111-320 of the Code of Laws of South Carolina, 1976, as amended authorizes state-supported colleges, universities and technical schools to permit legal residents of South Carolina who are at least 60 years of age to attend classes on a space-available basis without payment of tuition. This free tuition waiver applies only to tuition. Other fees such as lab fees, matriculation fees, program fees, etc. must be paid by the student.

## Student Information:

Full Name: _____ USC Aiken Email: _____

USC or VIP ID: _____ Phone Number: _____

Registration Term: ☐ Fall Year: _____
☐ Spring
☐ Summer

Degree: ☐ Degree Seeking
☐ Non-Degree Seeking

Please initial each item below to confirm comprehension of policies:

_____ I understand that I must be **at least 60 years of age or older** by the first day of classes for the term.

_____ I understand that I must be **a legal resident of South Carolina** and complete the SC Residency Form through Self-Service Carolina.

_____ I understand that I must complete **the Senior Citizen Tuition Waiver Form each semester** and if I miss a major semester (Fall or Spring), I will have to complete a new Admissions Application.

_____ I understand that I am eligible to participate in a course on **a "space available basis"** where the course has sufficient enrollment to be offered but is not at maximum capacity as defined by the University.

_____ I understand that **Senior Citizen Tuition Waivers do not waive all fees**. I may be responsible for the payment of all other fees assessed by the University at the time of registration as well as payment for books. Other fees include, but are not limited to, the application fee, enrollment, fee, online course fee, and lab fees.

## Registration:

Please complete the information below and select Credit or Audit for each course. Registration for senior citizens is no earlier than the first day of classes, on a space available basis.

| CRN<br>*Ex: (12345)* | Subject<br>*(ENGL)* | Number<br>*(A101)* | Section<br>*(001)* | Credit | Audit | Registration<br>*(Registrar's Office)* |
|---|---|---|---|---|---|---|
| | | | | ○ | ○ | Yes ☐ No ☐ |
| | | | | ○ | ○ | Yes ☐ No ☐ |
| | | | | ○ | ○ | Yes ☐ No ☐ |
| | | | | ○ | ○ | Yes ☐ No ☐ |

**Signature:** _____ **Date:** _____

**Office of the Registrar** ☐ Processed

Registrar designee signature: _____ Date: _____