



**/ Senior Citizen Application for Discount of Tuition**

STUDENT INFORMATION	
Southeast ID #: <u>S0</u>	Date of Birth: _____
Student Name: _____	Phone Number: _____

**DISCOUNT INFORMATION:**

- Applicants must be at least 65 years of age, on or before August 1<sup>st</sup> of the academic year.
- The value of the fee waiver/discount follows the same approved benefit for faculty/staff (Undergraduate – 80% waiver; Graduate – 60% waiver). [http://www.semo.edu/pdf/FinAdm\\_03-21\\_Policy.pdf#page=5](http://www.semo.edu/pdf/FinAdm_03-21_Policy.pdf#page=5)

STUDENT CLASSIFICATION	
<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate
<input type="checkbox"/> Specialist Degree	<input type="checkbox"/> Doctoral Degree

SEMESTER APPLYING FOR DISCOUNT	
<input type="checkbox"/> Fall	<input type="checkbox"/> Spring
<input type="checkbox"/> Summer	_____ Year

I certify that I am eligible for this benefit for the semester noted above. I understand that I will be billed tuition at the same rate currently paid by faculty and staff at Southeast Missouri State University. **In making this application for discount of my fees, I hereby state that I am at least 65 years of age. I also understand that course fees, program fees, textbook rental fees, and other associated charges will be billed to my account at the regular student rate.**

SIGNATURE	
_____	_____
Student Signature	Date

FOR OFFICE USE ONLY	
<b>ELIGIBILITY VERIFIED BY</b>	<b>DATE</b>