



Tuition Waiver Request (65+)

Please allow up to 24 hrs. for processing

Student Information:

Student Name: _____

Student ID: _____ Date of Birth: _____

Address: _____

City, State, Zip: _____

Phone: _____ E-mail: _____

I am requesting a tuition waiver for the _____ semester. I understand the waiver is not applied until I am registered for classes and I provide the admissions office a copy of my registration summary.

Please Check All That Apply:

☐ Firefighter

☐ Senior Waiver (over age of 65)

☐ Foster Care/Adoption

☐ Reciprocal Agreement Waiver
(Tarrant and Collin County only)

Other: _____

Please Attach Supporting Documentation for Waiver Verification

Student Signature

Date

Admissions Staff Signature

Date