

Student Signature

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Please Check One:	
New Student	\bigcirc
Continuing Student	\bigcirc

Senior Citizen Waiver Form

Name:		ID: 855		
Please Print	Last Name	First Na	me	
WPUN	J E-mail:		@student.wpur	ij.edu
Please i	indicate desired sem	nester and year to ap	pply waiver: Fall Spring	
<u>Criteri</u>	a: Senior citizens w	ho wish to take cou	urses on a tuitic	on-free, space available basis.
•	New Jersey resider At least 65 years of Apply and submit of Non-Degree of Second Degree of Matriculat of Matriculat of Certification of Certif	r older (copy of NJ an application, ever ee egree ed Graduate degree ed Undergraduate con program mitted on the first ded to available class a course before the urse(s). nitted to get an over e to waiver: tuition e payment fee, lab fent teaching. Additions must be paid in	legree-FAFSA lay of the semes sroom space. first day of the cride into cours waiver process see, insurance, I tional fees may full before the	ster/session. semester/session, you are responsible for full e(s) that are closed. ing fee, application fee, enrollment deposit, nousing, distance learning, parking, health
For ane	estions, please conta	ct Student Account	s at studentacc	ounts@wpuni edu
•	•			
	ning this form, I un ted and I have met			t be approved unless all documentation is

Date