



Senior Option Waiver Form

Please read this form carefully. Return this form to Student Services when complete during the first week of the term.

Steps for Oregon residents aged 65 years or more to receive a tuition waiver for credit classes:

1. Find the credit class you want to audit in the OCCC online class schedule, at oregoncoastcc.org.
2. **If you have never taken a class with OCCC before, complete the online admissions application available at oregoncoastcc.org/admission-profiles.**
3. Complete this form and bring it with you on the first day of class.
4. Ask the instructor if there is space available in the class, and if the class can be audited.
5. **Request permission from the instructor to audit the class. Get the instructor to sign the waiver form and provide you with the four letter permission code.**
6. Register online for the course by logging into your myOCCC account available at <http://www.oregoncoastcc.org/myoccc>. Select the "permission to add a class with a code" button. Enter in the four letter code provided by the instructor here.
7. Print your schedule for your records and note the time and location of your class(es).
8. **Give the signed form to Student Services. Deadline is Friday of week one of the term for full-term length classes, or no later than the day after the first class meeting for less-than-term-length classes.**
9. Pay course fees and purchase textbooks and/or other materials not covered by the tuition waiver.

Please note:

- **Registration prior to the first day of class will void this waiver and full tuition fees will be charged.**
- Auditing students may register for up to eight credits per term.
- Audit is available only with instructor permission.
- Senior waivers cannot be used to:
 - o take classes and earn college credit
 - o displace credit students paying tuition
 - o register for classes in limited entry programs (i.e. Aquarium Science or Nursing)
 - o register for classes that are ineligible for audit

STUDENT INFORMATION (PLEASE PRINT CLEARLY)

Last Name _____ First _____ M.I. _____ Last 4 of SS#, or OCCC ID _____

Date of Birth _____ Home Tel _____ Cell _____ E-Mail _____

Street Address _____ City _____ State _____ Zip _____

Student Signature

Date

I agree to pay fees and other expenses associated with the classes for which I am registered.

COURSE INFORMATION

Permission Code	Course Number	Course Title	Instructor Signature
ABCD	WR121Z1	Composition	K. Jones