

NORFOLK STATE UNIVERSITY
OFFICE OF THE REGISTRAR
700 Park Avenue
Norfolk, VA 23504
(757) 823-8229 • (757) 823-8907 (fax)

SENIOR CITIZEN'S TUTION WAIVER APPLICATION

DATE: ____/____/____

NAME: _____
 LAST FIRST MI

ID Number: _____ SSN: _____ - _____ - _____

ADDRESS: _____
 STREET APT#

 CITY STATE ZIP CODE

TELEPHONE: (____) _____

All of the following must apply.

- I am at least 60 years old as of this date.
- I am a legal resident of the State of Virginia.
- I have the sincere intention of remaining indefinitely in Virginia.
- I have not resided in nor voted in a state other than Virginia within one year of this date.
- I have not paid income tax to a state other than Virginia within one year of this date.
- I did not have a taxable income over \$23,850 in the last tax year (**copy of most recent income tax return required**).
- I will not register for more than three (3) courses each semester.

I certify that the above information is true and correct and authorize Norfolk State University to verify such information as necessary with the appropriate State or Federal agencies. If I am found to be ineligible upon such verification, I agree to make full restitution to Norfolk State University.

Signature

Date