



Sam Houston State University

MEMBER THE TEXAS STATE UNIVERSITY SYSTEM

OFFICE OF THE REGISTRAR

Senior Citizen Waiver Application

Student Name: _____ Sam ID #: _____

Username: _____ Phone #: _____ DOB: _____

Qualifications: All qualifications must be met in order to receive this waiver.

- You must provide proof of Senior Citizen Status (65 years of age or older).
- You must be in Good Academic Standing at Sam Houston State University.
- Degree seeking students must be SAP Compliant (score of 3 or lower).
- Non-degree seeking students must have a GPA of 2.0 or higher.

* These qualifications are required by the Texas Education Code Sec. 54.2001 and 54.365*

Indicate the Term for the Waiver to Apply: Fall 20 _____ Spring 20 _____ Summer 20 _____

Select How to Apply the Waiver:

Audit up to 6 hours of courses, free of charge

- You will not receive a grade for the course(s).
- In addition to submitting this form, an audit request form will also be required. This form can be [accessed online](#) through the Registrar's webpage or picked up, in person, from the Registrar's Office.

Waive up to 6 hours of tuition (not all fees and tuition may be covered)

- You must be accepted for admission at Sam Houston State University.
- You must register for the course(s) you want to apply the waiver to.
- You will receive a grade for the course(s).
- Please complete the chart below with the course(s) you would like the waiver to apply to.

CRN	Course Prefix & Number (ex: MATH 1314)	Credit Hours

Certify Your Request:

- If you have never received the Senior Citizen Waiver before, please attach a copy of a state-issued photo ID.
- By signing this form, you certify that all information provided for this Senior Citizen Waiver Application is true and that you understand the qualifications of the waiver.

Student's Signature: _____ Date: _____

Submit applications to: regforms@shsu.edu;

936.294.1737 (Fax); Box 2029, Huntsville, TX; or the Registrar's Office (Estill Bldg, Suite 331)

Registrar's Office Use Only:

Processed By: _____ Date Received: _____

SAP Score (ROASTAT): _____

Check One: Approved Denied Reason: _____

Date Student Notified: _____ Date Cashier's Notified: _____