



University System of Maryland
Senior Citizen Request for Tuition Remission

Name: _____ Social Security Number: _____
Last, First, MI

Street Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Semester Applying: Check one

_____ Fall _____ Spring
_____ Winter _____ Summer I or _____ Summer II

Academic Year: _____

Table with 6 columns: Dept., Course, Section, Course Title, Credit Hours, Meeting Times

Not to exceed 9 credits per semester at the standard tuition rate.

I certify that I am at least 60 years of age and retired, that my chief source of income is derived from retirement benefits, that I am not engaged in full-time employment, and that I am a Maryland resident.

Senior Citizen Signature _____ Date _____

Authorized HR Signature _____ Date _____