

# SENIOR SCHOLAR REGISTRATION PERMIT

2023-2024 Academic Year

Includes Summer of 2023

Idaho residents 60 years of age and older by the first day of the semester are permitted to enroll in courses for a reduced fee. The fee is \$20 plus \$5 per credit. In addition to this fee, special course fees for specific courses are also assessed (lab, web, PE, etc...) The fee reduction does **not** apply to special course fees and/or special programs. Registration under this program entitles the student to instruction and library privileges only, and does not include insurance, student health services, ASUI membership, Recreation Center privileges or free admission to athletic events.

Printed Name (Last, First)

### FORMS ARE DUE AT STUDENT ACCOUNTS BY SEPTEMBER 1, 2023 FOR FALL SEMESTER AND January 24, 2024 FOR SPRING SEMESTER.

Summer semester, Winter Intercession are due by the first day of the course.

(Circle Term) : Fall/Spring      Summer      Winter Intercession

Date \_\_\_\_\_

Student Name \_\_\_\_\_ Student Signature \_\_\_\_\_  
(Printed)

Student ID or Vandal Number (V#) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Month/Day/Year

I am enrolled in \_\_\_\_\_ Credits.

I am enrolled in \_\_\_\_\_ Courses.

Senior Scholars registering for more Credits/Classes after turning in the Senior Scholars form, you would need to provide our office a new updated form. Senior Scholars dropping or withdrawing from a course(s) after September 1, 2023 for Fall Semester and after January 24, 2024 for Spring Semester will only be responsible to pay for the reduced fees charged for the course(s). Reduced fees are not eligible for refunds.

**(Please Initial your acknowledgment\_\_\_\_\_)**

Student ID/ Vandal Number

**Return this form to: Student Accounts/Cashiers, 875 Perimeter Dr MS 4250, Moscow, ID 83844-4250 Bruce Pitman Center Room 125 Email address for scanned documents: acctrec@uidaho.edu Fax: ( 208 ) 885-9209**

For Student Accounts Use:			Comments: _____
Total credits at time waiver posted:	_____		_____
	Date	Initials	_____
Date received	_____	_____	_____
Residency Verified	_____	_____	_____
Fee Reduction Posted	_____	_____	_____
Age Requirement Verified	_____	_____	_____

Term/Year