

Office of Financial Aid

Senior Adult Class Waiver Request

A Member of the Alabama Community College System

Please complete the following information in ink. Incomplete forms will not be considered.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_A\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Last Name First Name M.I. Bishop ID Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@bishop.edu

Student’s Date of Birth Last 4 digits of SSN Bishop Email

Please check the semester that you desire to use your Senior Class Waiver:

\_\_\_\_\_ Fall \_\_\_\_\_\_ Spring \_\_\_\_\_ Summer

Please acknowledge the following:

\_\_\_\_\_\_\_\_ Attach a copy of your class schedule.

\_\_\_\_\_\_\_\_ Attach a copy of your driver’s license.

\_\_\_\_\_\_\_\_ Eligibility is determined by seats being available in the desired class.

\_\_\_\_\_\_\_\_ The waiver is for one class per semester based on actual credit hours.

\_\_\_\_\_\_\_\_ I am responsible for paying any and all charges not waived by this program.

\_\_\_\_\_\_\_\_ I must submit this form to the Office of Financial Aid at Bishop State Community

College PRIOR TO THE FIRST DAY OF CLASSES.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature Date

no electronic signature, must be original

**------------------------------------------FOR OFFICE USE BELOW THIS LINE ---------------------------------------**

Tuition: \_\_\_\_\_\_\_\_\_\_\_\_\_ Fees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_