

University & Student Billing Office
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SENIOR CITIZEN APPLICATION FORM FOR TUITION WAIVER
FOR RESIDENTS OF THE STATE OF MARYLAND

NAME:

Last

First

Middle

Address

City

County

State

Zip Code

Phone No.

Birth Date:

Mo./Date/Yr.

Social Security No.

Semester and year
planning to attend:

Spring

Yr.

Summer

Yr.

Fall

Yr.

Interession

Yr.

**YOU ARE LIMITED TO TAKING THREE COURSES PER SEMESTER
YOU MUST FILE THIS FORM EACH SEMESTER YOU ENROLL
GRADUATE COURSEWORK ALSO REQUIRES COMPLETION OF THE GRADUATE APPLICATION**

Have you ever attended

No

Yes

Frostburg State University:

Date(s) of attendance

Are you employed?

No

Yes

Part-time

hrs./wk.

Fulltime

hrs./wk.

Place of employment prior to retirement

**I hereby certify that I am retired, at least 60 years of age, and my chief income
is derived from retirement benefits**

Date

Signature

BILLING OFFICE SIGNATURE

Document

Choose One

Driver's License

Birth Certificate

Verification:

OFFICE USE ONLY:

Continuing Student

Documentation on file

Original - Business Office

Cc: Financial Aid