



Financial Aid
 May Hall, Room 111
 Dickinson State University
 291 Campus Drive
 Dickinson, ND 58601-4896

Office Hours: 7:45 a.m. - 4:30 p.m. Monday - Friday
Phone: 1-800-279-4295 ext. 2 or 701-502-4407
Fax: 701-483-2409
Web: www.dickinsonstate.edu
Email: dsu.financialaid@dickinsonstate.edu

SENIOR CITIZEN TUITION AUDIT WAIVER FORM

Student's Name: _____ Empl. #: _____ Semester: _____

****Students are not allowed to audit laboratory or online courses. (This includes Computer Lab courses.)**

I request permission to audit the following course(s):

Class Number <i>(e.g., UNIV 100)</i>	Course Number <i>(e.g., 15451)</i>	Credits	Instructor's Signature	Registrar's Signature

The audit will appear on your transcript.

Upon filing this request to audit this class and receive a waiver, the student understands the following conditions:

- I understand no academic credit will be granted
- I am 65+ age or older – Date of Birth _____
- Even though I am auditing this class; I am expected to complete assigned coursework as required by the instructor.
 - o Failure to do so may result in cancellation of this class from your schedule by the instructor
 - o If this cancellation should occur, no "AU" (Audit Notation) will appear on your transcript

 Signature of Student

 Date

Please return this completed application by email, fax, or mail to one of the addresses above.