



**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. 2371 or 701-483-2371**  
**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.**