

Semester:  Fall  Spring  Summer Year: 20 \_\_\_\_

Student ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Phone \_\_\_\_\_ Email \_\_\_\_\_

## Enroll or Add

Class #	Subject	Course #	Section	Credits	X if Audit
<i>Example: 43564</i>	<i>ART</i>	<i>153</i>	<i>100M</i>	<i>3</i>	<i>X</i>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**NOTE: You will be enrolled on the first day of classes on a space available basis. Books/supplies/fees associated with the course(s) are the responsibility of the student.**

### Check option that applies:

- Option 1:** I certify that I qualify for **free tuition for Credit Courses**, part-time or full-time, under the Senior Citizens Higher Education Program and I meet the following criteria:
1. Be 60 years of age or older.
  2. Be a legal resident of Virginia for one year or more prior to the start of the term. Supporting documentation may be required.
  3. Have an income not exceeding \$23,850 for Virginia tax purposes for the year preceding the semester in which enrollment is sought. (You must provide a copy of the previous year's Virginia tax return if you are seeking academic credit.)

- Option 2:** I certify that I qualify for **free tuition for Audit of Credit Courses**, part-time or full-time, under the Senior Citizens Higher Education Program and I meet the following criteria:
1. Be 60 years of age or older.
  2. Be a legal resident of Virginia for one year or more prior to the start of the term. Supporting documentation may be required.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

I voluntarily consent to the use of an electronic record of my Laurel Ridge student file. I acknowledge that, by logging into the MyLaurelRidge system with my unique credentials and emailing from my @email.vccs.edu account to provide Laurel Ridge with this data, I have given my electronic signature which has the same legal and binding effect as a "wet" or handwritten signature.

For office use only		
Electronic signature verified by: _____	Processed by: _____	Date _____