

Senior Citizen Enrollment Request

Admissions / Enrollment Services Office 173 Skirmisher Ln · Middletown, VA 22645

Telephone: 540-868-7110 Email: Admissions@laurelridge.edu Fax: 540-868-7005

Semester: 🗆 Fall 🗆	Spring \square Sum	mer Year: 20			
Student ID#	Date o	f Birth			
Name					
Last		First		Middle	
Phone		Email			
		Enroll o	r Add		
Class #	Subject	Course #	Section	Credits	X if Audit
Example: 43564	ART	153	100M	3	Х
Check option that app Option 1: I certify the digher Education Program 1. 2. 3.	nat I qualify for <u>free</u> am and I meet the Be 60 years of ago Be a legal residen documentation m Have an income r	following criteria: e or older. It of Virginia for one y hay be required. Not exceeding \$23,850	ear or more prior to O for Virginia tax pur	the start of the ter	m. Supporting preceding the
□ <u>Option 2</u> : I certify th Citizens Higher Educatio 1. 2.	tax return if you a nat I qualify for <u>free</u> on Program and I r Be 60 years of ago	meet the following cri e or older. It of Virginia for one y	credit.) <u>Credit Courses</u> , part teria:	-time or full-time, ι	under the Senior
Student Signature I voluntarily consent to the u system with my unique cred electronic signature which h	entials and emailing f	rom my @email.vccs.edu	account to provide Laur	rel Ridge with this data	
		For office use	only		
Electronic signature v	erified by:	Pro	ocessed by:	Date	