



Senior Citizen Enrollment Request

LFCC Admissions / Enrollment Services Office
173 Skirmisher Ln · Middletown, VA 22645
Telephone: 540-868-7110 Email: admissions@lfcc.edu Fax: 540-868-7005

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.

Check option that applies:

Option 1: I certify that I qualify for **free tuition for Credit Courses**, part-time or fulltime, 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's Signature

Date

I voluntarily consent to the use of an electronic record of my LFCC student file. I acknowledge that, by logging into the MYLFCC system with my unique credentials and e-mailing from my @email.vccs.edu account to provide LFCC 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 _____