



**St. Mary's College of Maryland**  
at Historic St. Mary's City

**SENIOR CITIZEN EDUCATION BENEFITS AUTHORIZATION**

Name \_\_\_\_\_

Student ID Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

I hereby request authorization to enroll part-time during the \_\_\_\_\_ semester, 20\_\_\_\_, in \_\_\_\_\_ course (s) for \_\_\_\_\_ credits (not to exceed 3 courses or 11 credits). I hereby attest that I am at least 60 years of age (or disabled and under 60 years of age), a legal resident of Maryland, dependent mainly on retirement or social security income, and not employed full-time in any other capacity. I understand that this request will be granted on a space-available basis and pertains to the waiver of tuition only. All fees and other charges are to be paid in full and presented with this approved authorization form by the published deadline or time of late registration, whichever is appropriate.

\_\_\_\_\_  
Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Verification of Age Presented \_\_\_\_\_ Date \_\_\_\_\_

<b>CONTINUING EDUCATION OFFICE USE ONLY</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Continuing Education Authorization _____ Date _____

<b>OFFICE OF FINANCIAL AID USE ONLY</b>		
Amount _____	Initial _____	Date _____

<b>BUSINESS OFFICE USE ONLY</b>		
Account Number _____	Initial _____	Date _____

cc: Financial Aid  
Continuing Education