

Visitor/Senior Citizen Waiver

Applies to: Lawrence Campus and KU Medical Center students

Purpose: Waives Lawrence and KU Med Center campus fees for qualified applicants. (Area fees for off-campus courses do not qualify for a fee waiver.)

Frequency: This form must be submitted **every semester** and received by the Office of the Registrar by the following deadlines: October 1 (Fall), March 1 (Spring) and July 1 (Summer)

1. Please apply visitor rates for the following semester: (Check ONE only)

- Fall Semester ____ (year) Spring Semester ____ (year) Summer Semester ____ (year)

VISITING STUDENT WAIVER

The following is the definition of a visiting student:

- You must be admitted to KU as a non-degree seeking undergraduate or graduate student.
- You will receive a grade of NE (not evaluated) for all classes for any semester for which you are a visiting student.
- You may only enroll in classes numbered under 800.
- Any student who has previously been enrolled as a degree seeking student at KU may not enroll as a non-degree seeking student until completion of an undergraduate degree.
- Once enrolled you will be required to pay tuition but no Lawrence or Medical Center campus fees will be assessed.

SENIOR CITIZEN WAIVER: If you meet the above criteria and are a Kansas resident who is 60 years of age or older, you may also qualify to have your tuition waived.

2. I am requesting: (Please check only one)

- Visiting student status**
- Visiting student status and senior citizen waiver (copy of KS drivers license or KS ID card required)**

3. _____

Student Last Name	First Name and Middle Initial	Student/EMPL ID
Student E-mail Address	Phone Number	

4. By completing this form you are identifying yourself as eligible for this waiver and requesting that it be applied to your enrollment.

Student Signature	Date
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RETURN TO:

The University of Kansas
Office of the University Registrar
1450 Jayhawk Blvd.
Rm 151 Strong Hall
Lawrence, KS 66045-7535
Phone: 785-864-4423
Fax: 785-864-3900
assessment@ku.edu

For office use only:

Date received: _____

Date applied: _____