

## Seniors' Tuition Waiver Request

## Student Information (Please Print)

Lega	Legal Surname Name															U of R Student ID (9 digits)					
Email	Email (The University of Regina's official means of communication is through email)															Daytime Phone Number					
Prima	Primary Faculty or Academic Unit									Car	Campus or Federated College						Term ☐ Winter (Jan-Apr) Year				
□ Al	R □	BU	□ CE		CT		) [	ES	□ GS		U of F	?		Cam	pion			pring/Summer (May-Auç			
□ KI		□ MP □ NU □ SC □			□ SI	SP 🗆 SW				□ Luther □ FN Univ				□ Fall (Sept-Dec)							
Tuitio	n W	aive	r Red	aues	st .													(			
				•		form.	You	will ne	eed to r	registe	r for co	urses	throu	gh UF	R Sel	f-Serv	vice or	r by contacting your F	aculty or College.		
	List the course(s) for which you are requesting a tuition waiver.															Notes: (office use only	y)				
	CRN			Sub			ject C			Course	ourse Number				Section Credit						
Step 1 Step 2	the start of the term in which the registered course(s) are held (see below for address or contact information).  Please note: a new tuition waiver request form must be submitted for every term that you are registered.																				
	waive	er. Add		ly, tuit	tion is	auto	matica	ally po										e-related costs. Only tuit r is granted the tuition v			
Step 3	•					•			quest w	ill be re	viewed a	and the	outco	me wi	ll be s	sent to	your U	Jniversity of Regina ema	ail.		
Step 4																	_	e for the tuition waiver.	,		
Step 5	may i	receiv	e no re	efund	or on	ly a p	artial i	refund	of tuitio	n and f	ees, dep	ending	g on th	e date	of w	ithdrav	wal fron	withdrawal) or NP (failui m the course(s). nd you choose to remair			
										-					-			If-Service or by contaction does not withdraw stude			
Decla I am re			Senio	r Citiz	zens'	Tuitio	on Wa	iver. I	am a p	erson (	35 years	s of ag	je or o	older (a	as of	the er	nd of th	nis term).			
Signat	Signature of Student						Date  DD-MMM-YYYY				in accordance with the Local Authorit Act (Saskatchewan) and the Personal							under the authority of the University of Regina Act, and ity Freedom of Information and Protection of Privacy I Information Protection and Electronic Documents Act			
Dogi	otror	's Of	fice I	Lloo	Onl	.,					collection	ń, use,	or disc	closure	of th	nis info	rmation	Naiver. If you have any by the University of R Frivacy, 306-585-5163.			
Regis Senior regi						_	der the	previo	ous Seni	or waive	er.										
Jniversity Prior to Ma	ay 1, 20	017																iver for courses in their cur y complete the program or			
Effective Sept. 1, 20	)17		[		alifies f	for UG se			alifies for rse type				course h Drop de		acity		15 cr h	ies within maximum credit hars for fall and winter terms (S 810), 6 cr hrs. for Spring/Sum	ept – Apr e.g. 201730		
			[	□ Doe		one qualify vel cou		☐ Doe:	oose one s not qua course typ	lify	or choos  Does as of	not qual	lify, cou l/Drop d	rse is a leadline	t capa	icity $\square$	Does 1	ose one not qualify due to maximum hrs. for fall and winter terms ( 0), 6 cr hrs. for Spring/Summ	Sept – Apr e.g. 201730 +		
Registration Evaluation		GR F upda	ated co	ode 🗆		ail sent OT @ U ou <u>nt</u>				Fees an Assessr			N code noved	□ Y or □ N	en	iition ad tered o udent a		of tuition adjustment on their account	DD-MMM-YYYY-INT		
		egistra tatus:		□ Cre		DE	D-MMN	/I-YYY	Y-INT				mment o		l [	☐ Finan notifie	cial Served	vices			
Comments	s:								_ (	Commer	nts:										