Application for the Sixty-Plus Program Graduate Courses

PSID#_	
	(Office Use Only)



Graduate School, Leigh Hall, Room 5	515, Telephone (330) 9'	72-766	3, Fax	:(330) 972-6475		
Last Name (Use Legal Name) First Mid. Initial	Former Name	Sex		Social Security No.		
Home Address (No. & Street)	City	State	Zip	Home Phone No (area code)		
County (Ohio only)Date of Birth		State of Birth				
E-mail address						
Please CHECK one of the following: (Required for Federal R	eporting by Civil Rights Ac	t of 196	54)	_		
Native AmericanAfrican American/BlackAsian AmericanSpanish /LatinoCaucasian/White AmericanNonRes./Alien						
Date Ohio Residence Established: Month Day Year	Permanent Residence Loca	ation				
Month Day Year Name of Employer	Work Phone Number					
Sixty-Plus Program Guidelines						
least one year. Sixty-Plus students are exempt from payment of tuition and general service fees but are expected to pay for any books, special fees, laboratory or instructional fees, and parking, if needed. Auditing allows students to attend classes, but college credit is not awarded. Sixty-Plus participants may enroll for 11 or fewer credits unless request to enroll in a great number of credits is approved by the Senior Vice President and Provost. Participants in this program are prohibited from enrolling in certain courses or classes for which special course or training prerequisites apply or in which physical demands upon students are inappropriate for imposition upon persons 60 years of age or older, or in which the number of participating regular students is insufficient to cover the University's or college's course-related expenses as determined by the University. Space availability is determined after the degree-seeking students have registered. Sixty-Plus registrations are held immediately before the start of each term and participants must register in person. Sixty-Plus participants are subject to the same disciplinary and/or governance rules affecting all students. Sixty-Plus students will be issued a Student ID Card which will permit them to use specific University facilities and services and obtain student rates for purchases of goods and services.						
I request permission to audit the following graduate-level cou	rse:	for the				
(Course Number)semester.						
(Indicate Fall, Spring, or Summer and year)						
Certification of Truth Statement						
I affirm that the information I have provided on this application a student I will be subject to the rules and policies set forth in understand that furnishing false or incomplete information on registration, or both.	the Graduate and Undergra	duate B	ulletins	by The University of Akron. I		
Student Signature	Date					
Approvals						
Office of Admissions	Date					
Graduate School	Date			·		