

## 60+ Tuition Waiver Process

### Effective July 1, 2015

Step 1: Student applies for admission and gets accepted to the chosen college by the college's admission's committee.

Step 2: Once accepted, if at least 60 years old and a resident of the state of Arkansas, the student must apply for the 60 plus tuition waiver by completing the Age 60 plus tuition waiver application.

Step 3: The waiver application may be obtained on the Office of the University Registrar website. Student must print, complete, and sign the application.

Step 4: Student submits the application along with the proper documentation to the Office of the University Registrar. **Proper documentation must be a current state of Arkansas Driver's License OR birth certificate.**

Step 5: Once submitted, the Office of the University Registrar will verify the application, proof of Arkansas residency, and documentation. Application must be signed and dated.

Step 6: Student will be allowed to submit registration and student will be placed on a wait list until registration is complete to determine if there is space available to officially enroll in the course.

Step 7: If space is available, the Registrar's office will place the student in the course(s) and notify the student through email that registration has been approved and student is now enrolled in course(s).

Step 8: As a 60 Plus student, the enrolled student tuition will be waived and student will pay the required fees only.

Step 9: The 60 plus application waiver must be submitted and approved each semester the student is enrolled in classes at UAMS.

Reference: Academic Policy # 3.3.6, [Tuition Waiver for Arkansas Residents Aged 60 Years and Over.](#)

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

**AGE 60 PLUS TUITION WAIVER  
APPLICATION FORM**

Graduate School  Health Related Professions  Medicine  Nursing  Pharmacy  Public Health

1. Name: \_\_\_\_\_  
Last First Initial

2. Program of Study: \_\_\_\_\_

3. Current Legal Address: \_\_\_\_\_  
Street and Number  
\_\_\_\_\_  
City County State Zip Code Phone

4. Permanent Legal Address: (if different) \_\_\_\_\_  
Street and Number  
\_\_\_\_\_  
City County State Zip Code Phone

5. Last 4 digits of Social Security Number \_\_\_\_\_ OR Student ID number \_\_\_\_\_

6. Please provide the following documentation showing proof of age to establish eligibility for tuition waiver:

State of Arkansas Driver's License

**OR**

Birth Certificate

**SIGNATURE:** *By signing below, I affirm that the information given is complete and accurate.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

SUBMIT THIS FORM WITH PROOF OF AGE TO THE **OFFICE OF THE REGISTRAR**  
Fax to 501-526-3220 ■ Email to [registrar@uams.edu](mailto:registrar@uams.edu) ■ Send via standard mail, UAMS, 4301 W. Markham, Slot 767, L.R., AR 72205  
■ Drop off at the The Office of the University Registrar at 4301 W. Markham, Building 2

Office Use Only  This student has presented a valid Arkansas driver's license.

**OR**

This student has presented a birth certificate.

Date: \_\_\_\_\_ Initials: \_\_\_\_\_