



**DIVISION OF ACADEMIC AFFAIRS**  
*Office of Admissions & Recruitment*

**WAIVER OF TUITION FOR SENIOR CITIZENS OF THE STATE OF MARYLAND  
(GOLDEN ID PROGRAM)**

This Waiver of Tuition is a policy of the University of Maryland System, to extend special privileges, where practicable, to senior citizens who are residents of the State of Maryland.

Privileges to be extended to such individuals shall include, subject to certain conditions, waiver of tuition for undergraduate and graduate courses, use of the Frederick Douglas Library, and applicable student support service offices.

**Waiver of Tuition Eligibility:**

The term "senior citizen" includes any individual who is:

- sixty years of age or older, and
- retired and whose chief income is derived from retirement benefits, and
- not employed full time.

**Waiver of Tuition Limitations:**

- The availability of this waiver of tuition shall be on a course space available basis.
- The availability of this waiver of tuition is for no more than two courses in a single academic semester or term.
- This waiver of tuition may be used for a senior citizen enrolled in a degree granting program, only if he or she is fully admissible to that program.

**Waiver of Tuition Request Process:**

1. Complete appropriate admission process (degree or non-degree seeking) and become admitted to the University.
2. Complete your Enrollment and Payment Confirmation
3. Complete the "Waiver Of Tuition For Senior Citizens Of The State Of Maryland (Golden ID Program) Request Form"; and attach a copy of your class schedule.
4. Submit to the Office of Admissions & Recruitment before the first day of classes of the semester or term in which tuition waiver is being requested.

For questions or more information, please do not hesitate to contact our office at 410.651.6410.



**WAIVER OF TUITION FOR SENIOR CITIZENS OF THE STATE OF MARYLAND  
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**REQUEST FORM**

**PLEASE TYPE or PRINT LEGIBLY**

NAME			
Permanent Address:			
City:	STATE:	ZIP:	
Telephone: ( ) -	Email:		
Date of Birth:	Student ID:		
Place of Employment:	<b>Full-time / Part-Time</b> (please circle)	Hours worked per week:	

Semester or Term:	<b>Fall</b>	<b>Spring</b>	<b>Academic Year: 20</b>
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**Please list enrollment and attach a copy of course schedule.**

Dept.	Course	Section	Course Title	Credit Hours	Meeting Times

Student Attestation: I certify that I am at least 60 years of age and retired, that my chief source of income is derived from retirement benefits, that I am not engaged in full-time employment, and that I am a Maryland resident.

\_\_\_\_\_ **Student Signature**

\_\_\_\_\_ **Date**

For Office use only:	
	Y                      N
MD	
AG	
EM	
Reviewed By	