



**Community College of Allegheny County**

Allegheny Campus  
808 Ridge Ave  
Pgh, PA 15212

Boyce Campus  
595 Beatty Rd  
Monroeville, PA 15146

North Campus  
8701 Perry Hwy  
Pgh, PA 15237

South Campus  
1750 Clairton Rd  
West Mifflin, PA 15122

# SENIOR CITIZEN PROGRAM

CCAC permits senior citizens, defined as persons 65 years of age or older who are residents of Allegheny County, to enroll in up to two regularly scheduled credit courses each semester without payment of tuition charges. Senior citizen students are encouraged to take advantage of college advisement services; placement testing may be appropriate. Courses may be taken for credit (graded) or audit (non-graded). Check shaded area below to audit courses.

Conditions of Senior Citizen Program:

- Enrollment will be based on space available.
- The waiver of tuition does not apply to repeated courses.
- Certain college fees are the responsibility of the students.
- Seniors must purchase their own textbooks and supplies.

To qualify for free tuition, each senior citizen student must:

- Complete a CCAC Application for Admission – transcripts are not required
- Complete all course prerequisites as identified in the CCAC catalog
- Be 65 years of age **prior** to the first day of the semester
- Provide proof of age and residency (driver's license, birth certificate, tax receipts, etc.)

***I understand and accept the conditions of the Senior Citizen Program at the Community College of Allegheny County. I also understand that registration will not be processed until the week before the class begins.***

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

Last Name, First Name, Middle Initial		Student ID Number or Social Security Number	
Street Address		Phone Number	
City, State, Zipcode		County of Residence	
SENIOR STUDENTS ARE REQUIRED TO SUPPLY A PHOTOCOPY OF THEIR DRIVER'S LICENSE OR BIRTH CERTIFICATE ALONG WITH PROOF OF RESIDENCE. IF APPLYING IN PERSON, COLLEGE STAFF WILL MAKE NECESSARY COPIES.			

## COURSE REGISTRATION

Campus	Course Number	Section	Audit	Course Title	Credits	Days							Time	
						M	T	W	H	F	S	U	from	to

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Date