

Date _____

COMMONWEALTH OF MASSACHUSETTS
WESTFIELD STATE UNIVERSITY
GRADUATE AND CONTINUING EDUCATION
CERTIFICATE OF TUITION WAIVER

Name Soc Sec# ____ - ____ - ____

Street

City State Zip Semester _____

<u>CATEGORY</u>	
Senior Citizen	
Date of Birth	_____
Document of Proof	_____

ELIGIBILITY CERTIFICATION

I CERTIFY THAT I AM A MASSACHUSETTS RESIDENT AND THAT I AM NOT IN DEFAULT OF ANY FEDERAL STUDENT LOANS OR OWE A REFUND FOR ANY PREVIOUSLY RECEIVED FINANCIAL AID. FURTHER, THAT I HAVE PROVIDED THE COLLEGE WITH THE REQUIRED DOCUMENTATION TO SUBSTANTIATE ELIGIBILITY FOR THE ABOVE REFERENCE CATEGORICAL TUITION WAIVER.

Student Signature

OFFICE USE ONLY	
Birth Cert/License	_____
Other	_____