

To promote diversity on campus and in the academic classroom, UH West O'ahu extends special academic privileges to senior citizens by allowing them to participate in regular credit classes, free of charge, on a space available basis.

Eligible senior citizens may attend UH West O'ahu without payment of tuition and fees as a "senior visitor". Senior Visitors must apply and obtain all approvals each semester. Eligible senior visitors may only attend one class per semester. The Senior Visitor Program is not offered during summer sessions.

Participation in the Senior Visitor Program is not guaranteed and is dependent upon eligibility, availability of space in the course, and ultimately requires the approval of the faculty teaching the course. The decision of the faculty member to approve or deny a senior visitor request is final.

PLEASE DO NOT SUBMIT THIS FORM ANY EARLIER THAN ONE WEEK BEFORE THE FIRST DAY OF INSTRUCTION.

Program Policies

1. No academic credit or grade is awarded through this program; no permanent records are maintained by the University.
2. Senior Visitors who wish to enroll in classes to receive credit are required to apply for regular admission to the University and pay all applicable tuition and fees.
3. Senior Visitors may not request credit for visited classes at a later date.
4. The application is only valid for the semester listed. Interested senior visitors who wish to continue in the program must apply each semester.
5. The deadline to submit the completed application is the last day of late registration for the semester in which the class will be taken (10th calendar day from the first day of instruction).

To be eligible, applicants to the Senior Citizen Visitor Program must:

1. Be sixty (60) years of age or older as of the first day of instruction for the semester.
2. Be a resident of the State of Hawai'i for tuition purposes as defined by the University.
3. Submit all required [Health Clearance documentation](#).

Senior Visitors must also abide by the [UH Student Conduct Code](#).

Please keep this page for your records and submit the completed Application.

Senior Visitor Information

Last Name		First Name		Middle Name	
Mailing Address			City	State	Zip
Day Time Phone		Home Phone		Email	

Emergency Contact Information

Last Name	First Name	Phone Number
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Residency Information

Do you claim legal residency in the State of Hawaii?	Have you been physically present in Hawaii for the last 12 months? (Not including vacations)	Have you filed a Hawaii Individual Tax Return as a Resident for the most recent tax year?
Yes	Yes	Yes
No	No	No

Class Information

Specific course information including Course Reference Number (CRN), Course Subject & Number, Meeting Times, Instructor Information etc. can be found on the [UH West O'ahu Class Availability page](#).

Term: Fall (August) Spring (January) Year: _____

Course Subject (e.g. ART, HAW, JPNS)	Course Number	Course Reference Number (CRN) (e.g. 65092)
Name of Instructor (Last, First)		Instructor Email (@hawaii.edu)

Is this course being taught 100% online?

- Yes
- No

Health Clearance

If requesting to audit an in-person class you must submit the following:

1. Valid TB Clearance
2. Valid MMR Record (if born after 1956)
3. Valid TDAP Record

For access to forms and further information on the University of Hawaii Health Requirements, visit our [Health Requirements webpage](#). Health forms can be submitted via Secure File Transfer at <https://westoahu.hawaii.edu/sft> and select Records. You may also submit your forms in person.

Visitor Signature

By submitting this application and signing below I certify that all the information provided on this form is true and correct. I also acknowledge that this request is subject to the review and approval of the UH West O'ahu Office of the Registrar and the course instructor.

I, the undersigned, in full recognition and appreciation of the inherent risks and dangers to which I may be exposed during my participation and do hereby agree to assume all the risks and responsibilities surrounding my participation in this activity or any activities undertaken as an adjunct thereto; and further, I do for myself, my heirs, executors, and administrators hereby defend, hold harmless, indemnify and release, and forever discharge the University and all its officers, agents and employees from and against any and all claims, demands and actions or cause of action, on account of damage to personal property, or personal injury, or death which may result from my participation, and which result from causes beyond the control of, and without the fault or negligence of the University, its officers, agents, or employees during the period of my participation as aforesaid.

Senior Citizen Visitor Signature_____
Date**Instructor Signature**_____
Instructor Signature_____
Print Instructor Name_____
Date**Front Office Use Only**

TB HC: _____ or GOAMEDI: _____ Accepted By: _____ Date: _____