



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.

Eligibility Requirements

1. At least 60 years of age, on or before the month of registration for the semester in which the class will be taken (January for the spring semester and August for the fall semester).
2. Bona fide resident of the State of Hawai'i for tuition purposes.

Program Policy and Guidelines

- Eligible senior citizen visitors may attend only one class per semester on a space available basis.
- Senior citizen visitors are not charged tuition, however some fees may apply.
- To attend a class, written approval from the instructor must be granted. Some classes requiring special, limited facilities, such as labs may not be available.
- No academic credit or grade is awarded through this program; no permanent records are maintained by the University.
- Senior citizen 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.
- Senior citizen visitors may not request credit for visited classes at a later date.
- The application is only valid for the semester listed. Interested visitors who wish to continue in the program must apply each semester.
- This program is available during the fall and spring semesters only.
- All visitors are expected to comply with all University of Hawai'i system and campus policies.

Application Instructions

The application is available in January for the spring semester and August for the fall semester.

- Complete the Senior Citizen Visitor Program Application (attached). Submit the completed form to the Office of the Registrar, C-141 or use UH West O'ahu Secure File Transfer at westoahu.hawaii.edu/sft and select "Records Department".
- Along with the application, each senior citizen visitor must provide evidence of Tuberculosis (TB) clearance before attending class. The TB clearance must be less than one year old effective the first day of the semester in which the class will be taken. (An additional TB clearance is not required for senior citizen visitors who submitted this clearance upon original entry into this program).
- Beginning one week before the first day of instruction, have your application signed by the instructor and submit it along with your TB clearance to the Office of the Registrar no earlier than a week before the first day of instruction for the semester in which the class will be taken.
- 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).

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



Visitor Information

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

Emergency Contact Information

Last Name		First Name		Middle Initial
Relationship to Visitor		Phone Number		

Semester Information

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

Class Information

Submit this application no earlier than a week before the first day of instruction for the semester in which the class will be taken. 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).

Course Reference Number (CRN) (e.g. 65092)	Course Subject / Number (e.g. BUSA 300)	Credit Hours (e.g. 3 credits)
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If this class requires access to Laulima, the instructor must add the visitor as a guest in Laulima.

Instructor Signature

Instructor Signature

Print Instructor Name

Date

Visitor Signature

By signing and submitting this application, I certify that (1) I am a bona fide resident of the State of Hawai'i for tuition purposes; and (2) I am or will be at least 60 years of age on or before January for the spring semester or August for the fall semester for the semester in which I intend to take a class.

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

Front Office Use Only

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