



# SENIOR CITIZEN REGISTRATION FORM

RECORDS OFFICE

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Student ID \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Year \_\_\_\_\_

- ☐ Fall  
☐ Spring  
☐ Summer

Select one		CRN	Catalog Number	Section	Course Title	Credit Hours	Start Time	End Time	Days Meet	Bldg/ Room
Audit	Credit									

By completing this form, the student certifies he/she is at least 60 years of age.

Advisor Name: \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor Email: \_\_\_\_\_

*Do not mark below this line. For administrative use only.*

RECORDS OFFICE USE ONLY: Completed by \_\_\_\_\_ Date \_\_\_\_\_

2830 Napoleon Road • Fremont, OH 43420-9670 • 419.559.2405 • or 866.AT.TERRA, ext. 2405  
Form can be returned: Bldg. A, Room 200 • Email: recordsdept@terra.edu • Fax: 419.334.9035

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