

## APPLICATION FOR OUT-OF-STATE DIFFERENTIAL WAIVER: TEACHERS EMPLOYED FULL TIME ON MILITARY BASES

For your convenience, we accept forms via email at <a href="mailto:records@augusta.edu">records@augusta.edu</a> or <a href="mailto:admissions@augusta.edu">admissions@augusta.edu</a>. We encourage you to use an electronic signature to help expedite the process. Instructions for signing documents electronically can be found at <a href="https://www.augusta.edu/esignature/">https://www.augusta.edu/esignature/</a>.

Prior to submitting an out-of-state tuition waiver application, students are advised to review the University System of Georgia's out-of-state tuition waiver policy found in Section 7.3.4.1 of the Board of Regents Policy Manual. http://www.usg.edu/policymanual

NOTE: The out-of-state tuition waiver application is to be renewed annually for continued eligibility.

Submit completed form and required documentation to:

NEW STUDENTS:

Office of Academic Admissions

Summerville Campus

Benet House

CONTINUING STUDENTS:

Office of the Registrar

Summerville Campus

Rains Hall

 (706) 737-1632
 (706) 446-1430

 admissions@augusta.edu
 records@augusta.edu

## Waiver Deadline

Fall Semester: August 1
Spring Semester: December 1
Summer Semester: May 1

## PART 1: DOCUMENTATION REQUIREMENTS

All students must provide one of the following:

A complete copy of current contract indicating full-time employment as a teacher on a Georgia military base;

An official letter on letterhead from the appropriate human resources office verifying current, full-time employment as a teacher on a Georgia military base; or

An employment verification form from the appropriate human resources office verifying current, full-time employment as a teacher on a Georgia military base.

In addition to the waiver-specific documentation requirements, students must be verified to be lawfully present in the United States to be eligible for any out-of-state tuition waiver.

**Lawful Presence Documentation** 

NOTE: Additional Documentation may be requested to determine waiver eligibility.



## APPLICATION FOR OUT-OF-STATE DIFFERENTIAL WAIVER: TEACHERS EMPLOYED FULL TIME ON MILITARY BASES

PART 2: STUDENT INFORMATION				
First Name:	Middle Initial: L	ast Name:	Student ID:	
Street Address:		City:	State:	Zip:
Email:	Phone Number: _			
PART 3: REQUEST INFORM	ATION			
Term of Waiver Request: Fall	Spring Summer 2	0		
Name of Employer:				
Employer Street Address:		City:	State:	Zip:
Currently Employed? Yes N	lo			
Is employment full-time? Yes	No			
PART 4: REQUIRED SIGNATURES				
I understand that any material false statement made knowingly and willingly by me on this application, or any documents attached hereto may, in accordance with O.C.G.A. 16-10-71, which provides that upon conviction, a person who knowingly commits the offense of false swearing shall be punished by a fine of not more than \$1,000 or by imprisonment for not less than one nor more than five years, or both, subject me to prosecution in a court of law. Additionally, I further understand that any such false statement may subject me to immediate dismissal from the institution.				
Further, I certify that, to the best of my knowledge, the information submitted on this application is true and complete.				
Student Printed Name		Student Signature		Date
PART 5: ADMISSIONS OR REGISTRAR USE ONLY				
Date Received: Received By: Approved By: Processed By: Date Processed:				