

APPLICATION FOR OUT-OF-STATE DIFFERENTIAL WAIVER: NON RESIDENT STUDENTS

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

Submit completed form and required documentation to:

NEW STUDENTS: CONTINUING STUDENTS:
Office of Academic Admissions
Summerville Campus
Benet House
(706) 737-1632

CONTINUING STUDENTS:
Office of the Registrar
Summerville Campus
Rains Hall
(706) 446-1430

(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 the following:

Documentation that the parent, U.S. court-appointed legal guardian, or spouse upon whom the waiver request is based has established and maintained domicile in Georgia for at least 12 consecutive months immediately preceding the first day of classes for the term the waiver is requested.

Examples of supporting documentation include:

- Copy of their lease agreement or warranty deed in Georgia
- Copy of Georgia driver's license or state-issued ID
- Copy of vehicle registration
- · Copy of Georgia tax return filed for the most recent tax year

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

In addition, students applying based on a parent, U.S. court-appointed legal guardian or spouse must submit one of the following documents listed as appropriate:

Applying Based on a Parent (Students Under the Age of 24 Only)

- Copy of the birth certificate for the student listing the individual as a parent; OR
- Copy of the federal income tax return filed by the individual for the most recent tax year and listing the student as a dependent child.

Applying Based on a Court Appointed Legal Guardian (Students Under the Age of 24 Only)

- Copy of the U.S court documentation listing the individual as the guardian of the student; OR
- Copy of the federal income tax return filed by the individual for the most recent tax year and listing the student as a dependent child.

Applying Based on a Spouse

- Copy of marriage certificate for the individual and the student; OR
- Copy of a jointly filed federal income tax return filed by the individual for the most recent tax year and listing the student as a spouse; OR
- Copy of a jointly filed federal income tax return filed by the student for the most recent tax year and listing the individual as a spouse.

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



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PART 2: STUDENT INFORMATION				
First Name:	Middle Initial:	Last Name:	Student ID:	
Street Address:		City:	State:	Zip:
Email:	Phone Number	;		
DART O REQUEST INCORN	ATION			
PART 3: REQUEST INFORM				
Term of Waiver Request: Fall	Spring Summer	20		
Waiver application is based on the Georgia domicile of:				
Self Spouse Parent (Students Under the Age of 24 Only) Name of Individual whom the Waiver Application is Based on:				
Answer the questions below based on the individual whom the waiver application is based on.				
Will Georgia have been the present and permanent home (domicile) for the above individual for at least 12 consecutive				
months immediately preceding the first day of classes for the term the waiver is requested? Yes No				
Has the above individual ever lived outside of the state of Georgia? Yes No				
If Yes: They have continuously live in Georgia since (MM/YY):				
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Do they hold a current driver's	license/state-issued ID?	Yes No - State Issued:		
Do they own a motor vehicle?	Yes No - State Ro	egistered:		
Are they registered to vote?	Yes No - State File	d:		
Did they file a state income tax	x return for the most rece	nt tax year? Yes No - S	tate Issued:	
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PART 4: REQUIRED SIGNA				
I understand that any material false may in accordance with O.C.G.A. 1				
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				
Data Pagaiyad: Pagaiya	d By: Approx	red By: Processed I	Ru: Data Processo	d: