UGA Request for Out-of-State Tuition Differential Waiver for Recently Separated Military Service Personnel

The University System of Georgia Board of Regents Policy 704.041 (q) states: an institution may waive out-of-state tuition and assess in-state tuition for: Recently Separated Military Service Personnel. Members of a uniformed military service of the United States who, within 12 months of separation from such service, enroll in an academic program and demonstrate an intent to become a permanent resident of Georgia. This waiver may also be granted to their spouses and dependent children. This waiver may be granted for not more than one year. (BR Minutes, October 2008)

Section One – Student Information

Name _________________________________________________________________

ID# ____________________

last first middle initial

Georgia Permanent Address

street address city state zip

E-mail address ______________________________ Telephone # (______-______) ____________

Please provide best email and telephone number for notification and contact purposes

Section Two – Effective Beginning Semester (choose one)

Note: Waiver valid for three semesters and may not be renewed. Waivers will not be considered for previous terms.

___ Fall (August) ___ Spring (January) ___ Summer (choose session): ___ May ___ E ___ Thru ___ SS1 ___ SS2

Section Three – Statement and Demonstration of Intent

Statement of intent to become a permanent resident of Georgia, and actions taken demonstrating intent (use additional sheet, as needed).

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Section Four – Documentation Required (please attach to this form)

1. Copy of military personnel’s DD-214 separation form.
2. Any documents supporting your claim of intent to become a permanent resident of Georgia.
3. For spouses, copy of marriage certificate; for dependent children, copy of parent’s most recent income tax return listing child as dependent.

Section Five – Student’s Oath and Affirmation

I, the undersigned, hereby swear or affirm to the authenticity of the information provided in this affidavit. I understand that any false or misleading information on this affidavit or provided to support this affidavit may result in denial of admission or expulsion from the University. I also authorize the University to review or examine any and all documents and records which may assist in clarifying my qualifications for a waiver of the out-of-state tuition differential.

Signature ______________________________ Date ____________________________