



UGA Request for Out-of-State Tuition Differential Waiver for Georgia National Guard and U.S. Military Reservists

The University System of Georgia Board of Regents Policy 7.3.4.1 (j) states: an institution may waive out-of-state tuition and assess in-state tuition for: **Georgia National Guard and U.S. Military Reservists.** *Active members of the Georgia National Guard, stationed or assigned to Georgia or active members of a unit of the U.S. Military Reserves based in Georgia, and their spouses and their dependent children (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 one semester. Waivers will not be considered for previous terms.

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

Section Three – Guard or Reserve Member Information

Name _____ Rank _____
last first middle

Military Unit _____ Date of Assignment _____

For spouses and dependent children: I am a ___ Spouse ___ Dependent Child of the Guard or Reserve member.

For military unit's personnel officer: I certify the above named Guard or Reserve member meets the qualifications for this waiver.

Personnel Officer _____ Telephone # (_____) _____ -- _____

Signature of Personnel Office _____ Date _____

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

1. Copy of orders assigning individual to a Guard or Reserve unit in Georgia. *Required only once.*
2. *For spouses and dependent children.* Copy of military ID (both sides). *Required only once.*

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 _____

Please return this completed form and required documentation to:
Residency and Tuition Classification Center / Office of the Registrar / The University of Georgia
Holmes/Hunter Academic Building / Athens, Georgia 30602-6113; Fax: (706) 583-0319