



UNIVERSITY OF GEORGIA

Office of the Registrar

www.reg.uga.edu

Please return this completed form and required documentation to:

VA School Certifying Official / Office of the Registrar  
University of Georgia  
101 Holmes/Hunter Academic Building  
Athens, Georgia 30602-6113  
EMAIL: va@uga.edu FAX: (706) 583-0319

### Application for Active Duty Military Waiver: Special Institutional Fee Waiver

Per BOR Resolution effective Fall 2012 – Individuals who are enrolled and simultaneously serving full-time on Active Duty in a branch of the Armed Forces of the United States are eligible to request an exemption of the Special Institutional Fee.

**Eligible participants must be:**

*(Please check the eligibility requirement you qualify for below)*

- Member serving full-time on Active Duty in a branch of the Armed Forces of the United States.
- Member of the United States Reserve Components serving on active duty or full-time training duty.
- Member of the Georgia National Guard who are employed full-time by the Georgia National Guard.
- Member of the Georgia National Guard who have been called into active service by the Governor of the State.

**This form and one of the following documents are required to determine eligibility:**

- Bring in a military ID card showing active duty status.
- Letter or preprinted form signed by the Personnel Officer verifying full-time active duty status.
- Copy of orders verifying current active duty status.
- Copy of Enlisted Record Brief showing active duty status (ERB).

**Term requesting waiver:** *(Please check Term and enter Year)*

Fall     Spring     Summer    Year \_\_\_\_\_

*(This fee waiver is only awarded up to one year. To continue receiving the fee waiver, students must reapply each year or as needed based on active duty status.)*

\_\_\_\_\_  
Student's Full Name (Last Name, First Name)

\_\_\_\_\_  
Student's ID Number (810)

\_\_\_\_\_  
Date of Birth (MM/DD/YYYY)

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 to 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 institutional fee.

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

\_\_\_\_\_  
Date

All social security numbers must be redacted on all documentation prior to submission. Please return this completed form and required documentation to:  
**Residency and Tuition Classification Center / Office of the Registrar / University of Georgia**  
Holmes/Hunter Academic Building / Athens, Georgia 30602-6113; Fax: (706) 583-0319  
Submission Deadline: Fall - August 1, Spring - December 1, Summer - May 1