

## UGA Request for Out-of-State Tuition Differential Waiver for University System Employees and Dependents

The University System of Georgia Board of Regents Policy 7.3.4.1 (c) states: an institution may waive out-of-state tuition and assess in-state tuition for: **University System Employees and Dependents.** *Full-time employees of the University System, their spouses, and their dependent children.*

### 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 and may be renewed. Waivers will not be considered for previous terms.*

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

### Section Three – For Spouses and Dependent Children only

I certify that I am a  Spouse     Dependent Child    of the following University System of Georgia Employee:

Employee's Name \_\_\_\_\_  
*last first middle*

Employee's Institution \_\_\_\_\_

Employee's E-mail Address \_\_\_\_\_ Telephone # ( \_\_\_\_\_ ) \_\_\_\_\_ -- \_\_\_\_\_

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

*Note: UGA employment can be verified directly by our office; therefore no documentation of this is required.*

1. *For non-UGA Employment:* Letter from USG Employee's HR Office (not the academic department or unit where employed) verifying full time employment for the semester for which this waiver will apply.
2. *For spouses and dependent children of UGA and non-UGA employees. Required only once :* Copy of birth certificate (or adoption papers) or marriage license showing relationship to employee
3. *For dependent children. Required initially and each subsequent Fall:* Copy of employee's most recent federal income tax return showing student listed as a 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.

Student's 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  
**Submission Deadline: Fall - August 1, Spring - December 1, Summer - May 1**