Office use only:	Code: 9	9 Date	Bv	Graduate	Undergrad	l New Admit
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## 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 numbe	r 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 sess	sion): May E Thru SS1 SS2							
	<del></del>							
Section Three – For Spouses and Dependent Children only								
<u>'</u>	•							
I certify that I am aSpouseDependent Child	of the following University System of Georgia Employee:							
Employee's Name	middle							
Employee's Institution	_							
Employee's E-mail Address_	Telephone # ( )							
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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							