

UGA Request for Out-of-State Tuition Differential Waiver for Full-Time School Employees

The University System of Georgia Board of Regents Policy 7.3.4.1 (e) states: an institution may waive out-of-state tuition and assess in-state tuition for: **Full-Time School Employees**. *Full-time employees in the public schools of Georgia or of the Technical College System of Georgia, their spouses, and their dependent children. Teachers employed full-time on military bases in Georgia shall also qualify for this waiver.*

Section One – Student Information

Name _____ ID# _____ -- _____ --
last first middle initial

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 must be renewed each Fall semester. 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 Full-Time School Employee:

Employee's Name _____
last first middle

Employee's School _____ Telephone # (_____) _____ -- _____

Employee's E-mail Address _____ Telephone # (_____) _____ -- _____

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

1. Copy of employee's school contract or letter from employee's Human Resources Office verifying full-time employment for the period for which this waiver will apply.
2. *For spouses and dependent children. 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.

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 / 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