



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