



APPLICATION FOR OUT-OF-STATE DIFFERENTIAL WAIVER: FULL TIME PUBLIC SCHOOL & TCSG EMPLOYEES & THEIR SPOUSES & DEPENDENTS

For your convenience, we accept forms via email at records@augusta.edu or admissions@augusta.edu. We encourage you to use an electronic signature to help expedite the process. Instructions for signing documents electronically can be found at <https://www.augusta.edu/esignature/>.

Prior to submitting an out-of-state tuition waiver application, students are advised to review the University System of Georgia's out-of-state tuition waiver policy found in Section 7.3.4.1 of the Board of Regents Policy Manual. <http://www.usg.edu/policymanual>

NOTE: The out-of-state tuition waiver application is to be renewed annually for continued eligibility.

Submit completed form and required documentation to:

NEW STUDENTS:

Office of Academic Admissions

Summerville Campus

Benet House

(706) 737-1632

admissions@augusta.edu

CONTINUING STUDENTS:

Office of the Registrar

Summerville Campus

Rains Hall

(706) 446-1430

records@augusta.edu

Waiver Deadline

Fall Semester: August 1

Spring Semester: December 1

Summer Semester: May 1

PART 1: DOCUMENTATION REQUIREMENTS

All students must provide one of the following:

A complete copy of a current contract indicating full-time employment with a Georgia public school;

An official letter on letterhead or employment verification form from the human resources office of a public school system verifying current, full-time employment with a Georgia public school; or

An official letter on letterhead or employment verification form from the human resources office of a unit of the Technical College System of Georgia (TCSG) verifying current, full-time TCSG employment

In addition to the waiver-specific documentation requirements, students must be verified to be lawfully present in the United States to be eligible for any out-of-state tuition waiver.

Lawful Presence Documentation

In addition, students applying based on a parent, U.S. court-appointed legal guardian or spouse must submit one of the following documents listed as appropriate:

Applying Based on a Parent (Students Under the Age of 24 Only)

- Copy of the birth certificate for the student listing the individual as a parent; **OR**
- Copy of the federal income tax return filed by the individual for the most recent tax year and listing the student as a dependent child.

Applying Based on a Court Appointed Legal Guardian (Students Under the Age of 24 Only)

- Copy of the U.S court documentation listing the individual as the guardian of the student; **OR**
- Copy of the federal income tax return filed by the individual for the most recent tax year and listing the student as a dependent child.

Applying Based on a Spouse

- Copy of marriage certificate for the individual and the student; **OR**
- Copy of a jointly filed federal income tax return filed by the individual for the most recent tax year and listing the student as a spouse; **OR**
- Copy of a jointly filed federal income tax return filed by the student for the most recent tax year and listing the individual as a spouse.

NOTE: Additional Documentation may be requested to determine waiver eligibility.



APPLICATION FOR OUT-OF-STATE DIFFERENTIAL WAIVER: FULL TIME PUBLIC SCHOOL & TCSG EMPLOYEES & THEIR SPOUSES & DEPENDENTS

PART 2: STUDENT INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____ Student ID: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Phone Number: _____

PART 3: REQUEST INFORMATION

Term of Waiver Request: Fall Spring Summer 20 ____

Waiver application is based on full-time employment with a Georgia public School or with a unit of the Technical College System of Georgia (TCSG) of:

Self Spouse Parent (Students Under the Age of 24 Only) U.S. Court Appointed Legal Guardian (Students Under the Age of 24 Only)

Name of Individual with Qualifying Employment: _____

Name of Employer: _____

Employer Street Address: _____ City: _____ State: _____ Zip: _____

Employer Phone Number: _____

Currently Employed? Yes No

Date of Employment (MM/YY): _____

Is employment full-time? Yes No

PART 4: REQUIRED SIGNATURES

I understand that any material false statement made knowingly and willingly by me on this application, or any documents attached hereto may, in accordance with O.C.G.A. 16-10-71, which provides that upon conviction, a person who knowingly commits the offense of false swearing shall be punished by a fine of not more than \$1,000 or by imprisonment for not less than one nor more than five years, or both, subject me to prosecution in a court of law. Additionally, I further understand that any such false statement may subject me to immediate dismissal from the institution.

Further, I certify that, to the best of my knowledge, the information submitted on this application is true and complete.

Student Printed Name Student Signature Date

PART 5: ADMISSIONS OR REGISTRAR USE ONLY

Date Received: _____ Received By: _____ Approved By: _____ Processed By: _____ Date Processed: _____