



Military Personnel Non-Resident Fee Waiver

1. Student Name: _____ 2. Social Security Number: _____

3. Levels of Study: Undergraduate Graduate Other

4. Petition based on Duty Assignment of: Self Spouse Parent

5. Date Reported to a command in Georgia: _____

6. Duty Station of Active Duty Military Person: _____

7. Anticipated Date of Discharge or Transfer from Georgia: _____

8. Semester(s) for which waiver is requested: _____ through _____

9. Address: _____

10. City: _____ 11. State: _____ 12. Zip: _____

13. Daytime Phone: _____ 14. Evening Phone: _____

I hereby swear to the authenticity of the information provided and am aware of the student responsibilities set forth in the regulations of Valdosta State University appearing on the reverse side of this request. **A copy of my military orders stationing me to the State of Georgia and a legible copy of my current Military ID (front and back) is attached.**

Date: _____

Military Sponsor Signature: _____

Student Signature (Spouse or Dependent): _____

Submit to:

Valdosta State University
Office of the Registrar
1500 N. Patterson St.
Valdosta, GA 31698

Effective Term: _____ Renewal Required Before: _____

Waiver Approved By: _____ Date: _____