



1500 North Patterson Street, Valdosta, Georgia 31698-0175 Tel: 229-333-5727 Fax: 229-333-5475

**ACTIVE DUTY MILITARY PERSONNEL
NON-RESIDENT FEE WAIVER APPLICATION**

Student Name _____ Student ID _____

Level of Study: Undergraduate _____ Graduate _____ Other _____

Petition Based on Duty Assignment of: Self _____ Parent _____ Spouse _____

Active Duty Military Sponsor Name (if applicable) _____

Anticipated Date of Severance or Transfer _____

Term(s) for which waiver is requested (renewal will be required annually or sooner if needed):

_____ through _____

Current Address: _____

City: _____ State _____ Zip _____ 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 on the reverse of this request. *A copy of my military orders assigning me to the State of Georgia and a legible copy of my current Military I.D. is attached.*

Active Duty Military Sponsor Signature _____ Date _____

Student Signature _____ Date _____

Submit application to: Office of the Registrar
Valdosta State University
1500 N. Patterson St.
Valdosta, GA 31698-0175

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For Registrar's Office Use Only

Effective Term _____ Renewal Required Before _____

Waiver Approved By _____ Date _____