



Military Waiver Renewal Form

Your waiver of nonresident fees based on active duty military station expires at the close of this semester. To assure continued enrollment on payment of resident rates, please complete the items requested below and **attach a copy of your current military orders and a legible copy of my most recent LES statement**, or have the Base Education Officer certify continued active duty status for the requested period of the waiver (no orders required). **In the event your term of service expires within twelve months of this date, it will be necessary for you to qualify for resident status as required by Board of Regents Policy.** Questions regarding this procedure may be directed to the Valdosta State University representative located in the Base Education Office, or by contacting the Registrar's Office at 229-333-5727.

Print Name _____ I.D. Number: _____

Current Address _____

City _____ State _____ Zip Code _____

Petition based on military status of: ___self ___parent ___spouse

Active Duty Military Sponsor Name _____

Semesters for which waiver is requested _____ through _____

Date stationed in Georgia _____

Anticipated date of severance/transfer _____

I hereby swear to the authenticity of the information provided and am aware of the responsibilities set forth in the regulations of Valdosta State University, as explained in the University Bulletin. A copy of the requested documentation is attached for your review.

Active Duty Military Sponsor Signature _____ Date _____

Student Signature _____ Date _____

Base Education Officer (only required in lieu of orders) _____