



# VALDOSTA STATE UNIVERSITY

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 most recent LES 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 \_\_\_\_\_