

# Valdosta State University

## APPLICATION FOR OUT-OF-STATE TUITION DIFFERENTIAL WAIVER BORDER STATE RESIDENTS

Prior to submitting a **Border State Residents** out-of-state tuition waiver application, students are advised to review the University System of Georgia Border State Residents out-of-state tuition waiver policy found in Section 7.3.4.1 of the Board of Regents Policy Manual ([www.usg.edu/policymanual](http://www.usg.edu/policymanual)). Please note that the Border State Residents out-of-state tuition waiver is available to qualifying undergraduate students only.

### Section I – To be completed by the STUDENT

Name:	Student ID:
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Address: \_\_\_\_\_

City:	State:	Zip:
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Email:	Phone:
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Term applying for waiver: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: _____	Will you be attending as an undergraduate student? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Citizen Status:  U.S. Citizen  U.S. Permanent Resident  Nonresident Alien  Other: \_\_\_\_\_

This waiver application is based on your present and permanent home (domicile) in the following eligible state (Alabama, Florida, South Carolina) bordering Georgia:

State: \_\_\_\_\_

Will you have lived in the above state for at least 12 consecutive months immediately preceding the first day of classes for the term the waiver is requested?  Yes  No

Have you graduated or will you graduate from a high school in the above state?  Yes  No

Have you ever lived outside of the above state above?  Yes  No

**If Yes:** The above has been your state of domicile since: \_\_\_\_\_ (mm/yyyy)

Briefly describe your reason for moving to the above state: \_\_\_\_\_

Do you hold a current driver's license/state-issued ID?  Yes  No State issued? \_\_\_\_\_

Do you own a motor vehicle?  Yes  No State registered? \_\_\_\_\_

Are you registered to vote?  Yes  No State registered? \_\_\_\_\_

Did you file a state income tax return for the most recent tax year?  Yes  No State filed? \_\_\_\_\_

#### Employment Information – Please list all employment for the past two years, including military service. Attach additional sheets if needed.

From	To	Employer	City	State	# of hours worked per week
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#### Students under the age of 24 must complete the following:

Do you have a parent or U.S. court-appointed legal guardian who has established and maintained domicile in an eligible state (Alabama, Florida, South Carolina) bordering Georgia for at least 12 consecutive months immediately preceding the first day of classes for the term the waiver is requested?  Yes  No State: \_\_\_\_\_

**If Yes:** Name of the above individual: \_\_\_\_\_

Relationship:  Parent  U.S. court-appointed legal guardian

Has that individual ever lived outside of the above state?  Yes  No

**If Yes:** They have maintained domicile in the above state since: \_\_\_\_\_ (mm/yyyy)

Briefly describe their reason for moving to the above state: \_\_\_\_\_

\_\_\_\_\_

Do they hold a current driver's license/state-issued ID?  Yes  No State issued? \_\_\_\_\_

Do they own a motor vehicle?  Yes  No State registered? \_\_\_\_\_

Are they registered to vote?  Yes  No State registered? \_\_\_\_\_

Did they file a state income tax return for the most recent tax year?  Yes  No

**If Yes:** State filed? \_\_\_\_\_ Were you claimed as a dependent?  Yes  No

Did they file a federal income tax return for the most recent tax year?  Yes  No

**If Yes:** Were you claimed as a dependent?  Yes  No

## Section II – STUDENT Oath and Affirmation

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 Signature

\_\_\_\_\_  
Date

## Section III –Documentation Requirements

### LAWFUL PRESENCE IN THE UNITED STATES

Only those students verified to be lawfully present in the United States may be considered for an out-of-state tuition waiver. Waiver applicants may be required to provide additional documentation to meet this requirement.

### DOCUMENTATION OF WAIVER ELIGIBILITY

Additional documentation may be required to confirm domicile in the border state such as the following:

- Copy of lease agreement or warranty deed
- Copy of driver's license or state-issued ID
- Copy of vehicle registration
- Copy of state tax return filed for the most recent tax year
- Copy of federal tax return filed for the most recent tax year
- Copy of utility bills

### Submit completed form and required documentation to:

Office of the Registrar  
 Valdosta State University  
 1500 North Patterson Street  
 Valdosta, GA 31698  
 Phone: 229-333-5727  
 Fax: 229-333-5475  
 Email: registrar@valdosta.edu