



APPLICATION FOR OUT-OF-STATE TUITION DIFFERENTIAL WAIVER FOR MILITARY PERSONNEL AND THEIR DEPENDENTS

Active duty military personnel, their spouses, and their dependent children who meet one of the following:

- A. The military sponsor is currently stationed in or assigned to Georgia; or,
- B. The military sponsor previously stationed in or assigned to Georgia is reassigned outside of Georgia, and the student(s) remain(s) continuously enrolled in a Georgia high school, Technical College System of Georgia institution, and/or a University System of Georgia institution; or,
- C. The military sponsor is reassigned outside of Georgia and the spouse and/or dependent children remain in Georgia; or,
- D. The military sponsor is stationed in a state contiguous to the Georgia border and resides in Georgia; or,
- E. Dependent children of a military sponsor, previously stationed in or assigned to Georgia within the previous five years, and/or the child completed at least one year of high school in Georgia; or,
- F. Any student utilizing VA benefits transferred from a currently serving military member is also eligible.
- G. Active members of the Georgia National Guard stationed or assigned to Georgia or active members of a unit of the U.S. Military Reserves based in Georgia, and their spouses and their dependent children.

Section I – To be completed by the STUDENT

Student name:	Student ID:
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Address:

Email:	Phone:
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Please select which of the following apply:

3. I am an **active duty military member**
- A-Currently stationed in or assigned to GA.
 - B-Previously stationed in or assigned to GA but currently reassigned outside of GA.
 - C-Currently stationed in or assigned to a state contiguous to the Georgia border and I currently live in GA.
 - D-Members of the armed services **paying their own way** to attend the institution.

4. I am a **dependent of an active duty military member** and
- A-My military sponsor is currently stationed in or assigned to GA.
 - B-My military sponsor was previously stationed in or assigned to GA but has been reassigned outside of GA.
 - C-My military sponsor is currently stationed in or assigned to a state contiguous to the GA border and currently lives in Georgia.

Term applying for waiver: Fall Spring Summer Year: _____

Military Member Information:

Military Member Name: _____

Relationship to Student: _____

Current Duty Station: _____

Dates of Assignment to Georgia: _____

Section II – Documentation Requirements

ALL APPLICANTS (all of the following)

- Copy of permanent orders; Enlisted Record Brief (ERB); or, letter from Commanding Officer indicating assignment to duty in Georgia and a most recent copy of an LES (Leave and Earnings Statement)
- *If you would like you waiver set for more than one year, you must provide a copy of your military id card. We will set your waiver to expire after the date on your card. If you choose not to provide your military id card, you will be required to renew your waiver each year by resubmitting this documentation.*

APPLICANTS APPLYING UNDER 1B or 2B ABOVE (page 1)

Copy of permanent orders; Enlisted Record Brief (ERB); or, letter from Commanding Officer indicating reassignment outside of Georgia and a most recent copy of an LES (Leave and Earnings Statement)

APPLICANTS APPLYING UNDER 1C or 2C ABOVE (page 1)

Copy of permanent orders; Enlisted Record Brief (ERB); or, letter from Commanding Officer indicating assignment to a state contiguous to Georgia and documentation showing residence in Georgia and a most recent copy of an LES.

STUDENTS WHO ARE THE CHILD OR SPOUSE OF THE MILITARY MEMBER

One of the following to show relationship/dependency of the student to the military member:

- DD1172 (DEERS form)
- Marriage certificate (spouse only)
- Latest state or federal tax returns listing student as a dependent
- Birth certificate (child only)
- U.S. court documentation of guardianship

Section III – 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's Signature

Date

Submit completed form and the necessary 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

*****For Registrar's Office Use Only*****

Waiver Effective Terms _____ Renewal Required _____

Approved by _____ Date _____