



**AUGUSTA UNIVERSITY**  
**APPLICATION FOR MANDATORY FEE WAIVER FOR**  
**COMBAT U.S. MILITARY RESERVES/GEORGIA NATIONAL GUARD and**  
**PAYING ACTIVE DUTY SERVICE MEMBERS**

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

|          |        |             |
|----------|--------|-------------|
| Name:    |        | Student ID: |
| Address: |        |             |
| City:    | State: | Zip:        |
| Email:   | Phone: |             |

Term applying for waiver:       Fall     Spring     Summer      Year: \_\_\_\_\_

**A. Active Combat U.S. Military Reserves/ Georgia National Guard**

- \_\_\_ I am a Georgia resident, AND
- \_\_\_ I am an active member of the US Military Reserve or Georgia National Guard for at least 90 consecutive days on or after 9/11/2001, AND
- \_\_\_ I served in a designated combat zone designated by the U.S. Department of Defense on or after September 11, 2001.

Required Documentation: (Must be submitted with application)

- Proof of Georgia residency, AND
- DD214, OR other official DOD documentation that specifies
  - You have served in a combat zone as a reservist or National Guardsman, and
  - You receive full disability as a result of injuries suffered in combat on or after 9/11/2001, OR
  - You were evacuated from a combat zone due to severe injuries suffered while on active service.

**B. Disabled Combat U.S. Military Reserves/ Georgia National Guard**

- \_\_\_ I am a Georgia resident, AND
- \_\_\_ I am a veteran of the Reserves or Georgia National Guard, AND
- \_\_\_ I received full disability as a result of injuries suffered in combat on or after 9/11/2001, OR
- \_\_\_ I was evacuated from a combat zone due to severe injuries suffered while on active service.

Required Documentation: (Must be submitted with application)

- Proof of Georgia residency, AND
- DD214, OR other official DOD documentation that specifies
  - You have served in a combat zone as a reservist or National Guardsman, and
  - You receive full disability as a result of injuries suffered in combat on or after 9/11/2001, OR
  - You were evacuated from a combat zone due to severe injuries suffered while on active service.

**C. PAYING ACTIVE SERVICE MEMBERS**

I am currently on Active Duty in the US \_\_\_\_\_ (list branch) OR  
 I am actively drilling with the U.S. Military Reserves or the Georgia National Guard.

Required Documentation: (Must be submitted with application)

- Letter or form verifying active duty status, **OR**
- ERB, ORB, Career Record from respective branch, AND
- Copy of the student account indicating a balance due prior to the application of the waiver for the term for which the waiver is being requested.

**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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Submit completed form and required documentation to:**

Military and Veteran Services  
Summerville Campus, Washington Hall, Suite 212  
Augusta, GA 30904

**Petition Deadlines**

Fall Semester – August 1  
Spring Semester - December 1  
Summer Semester – May 1