



**AUGUSTA**  
UNIVERSITY

# REQUEST FOR OUT OF STATE TUITION FEE WAIVER

For your convenience, we accept forms via email at [records@augusta.edu](mailto:records@augusta.edu) or [admissions@augusta.edu](mailto:admissions@augusta.edu). We encourage you to use an electronic signature to help expedite the process. Instructions for signing documents electronically can be found at <https://www.augusta.edu/esignature/>.

**NOTE: The out-of-state tuition waiver application is to be renewed annually for continued eligibility.**

Submit completed form and required documentation to:

**NEW STUDENTS:**

Office of Academic Admissions  
Summerville Campus  
Benet House  
(706) 737-1632  
[admissions@augusta.edu](mailto:admissions@augusta.edu)

**CONTINUING STUDENTS:**

Office of the Registrar  
Summerville Campus  
Rains Hall  
(706) 446-1430  
[records@augusta.edu](mailto:records@augusta.edu)

**Waiver Deadline**

Fall Semester: August 1  
Spring Semester: December 1  
Summer Semester: May 1

## PART 1: DOCUMENTATION REQUIREMENTS

In addition to the waiver-specific documentation requirements, students must be verified to be lawfully present in the United States to be eligible for any out-of-state tuition waiver.

**Lawful Presence Documentation**

In addition, students applying based on a parent, U.S. court-appointed legal guardian or spouse must submit one of the following documents listed as appropriate:

**Applying Based on a Parent** (Students Under the Age of 24 Only)

- Copy of the birth certificate for the student listing the individual as a parent; **OR**
- Copy of the federal income tax return filed by the individual for the most recent tax year and listing the student as a dependent child.

**Applying Based on a Court Appointed Legal Guardian** (Students Under the Age of 24 Only)

- Copy of the U.S court documentation listing the individual as the guardian of the student; **OR**
- Copy of the federal income tax return filed by the individual for the most recent tax year and listing the student as a dependent child.

**Applying Based on a Spouse**

- Copy of marriage certificate for the individual and the student; **OR**
- Copy of a jointly filed federal income tax return filed by the individual for the most recent tax year and listing the student as a spouse; **OR**  
Copy of a jointly filed federal income tax return filed by the student for the most recent tax year and listing the individual as a spouse

**NOTE: Additional Documentation may be requested to determine waiver eligibility.**

**PART 2: STUDENT INFORMATION**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
 Local Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_ College of: \_\_\_\_\_  
 U.S Citizen or Permanent Resident Alien? Yes No If No, Country: \_\_\_\_\_  
 Visa Type: \_\_\_\_\_ Expiration Date (MM/DD/YYYY): \_\_\_\_\_

**PART 3: REQUEST INFORMATION**

Since you have been ruled a non-resident of the State of Georgia, you should be aware that for certain individuals a waiver of non-resident fees is possible. Check the appropriate box for the waiver type you are applying for and provide a copy of supporting documents (ex. Military orders, employee identification, court documents, etc.).

Term of Waiver Request:  Fall  Spring  Summer 20\_\_

**Waiver Type Requested:**
**A: Academic Common Market**

Students selected to participate in a program offered through the Academic Common Market

**B: Research University Graduate Students**

Graduate Students attending the University of Georgia, the Georgia Institute of Technology, Georgia State University, and the Medical College of Georgia, which shall be authorized to waive the out-of-state tuition differential for a limited number of graduate students each year, with the understanding that the number of students at each of these institutions to whom such waivers are granted shall not exceed the number assigned at any one point in time.

**Graduate Students Only**

A limited number of out-of-state fee waivers are available for full-time regular graduate students enrolled in a degree seeking program. For more information, contact the The Graduate School - <https://www.augusta.edu/gradschool/>

 \_\_\_\_\_  
 The Graduate School Printed Name

 \_\_\_\_\_  
 The Graduate School Signature

 \_\_\_\_\_  
 Date

**C: Students enrolled in University System institutions as part of Competitive Economic Development Projects.**

Students who are certified by the Commissioner of the Georgia Department of Industry, Tourism and Trade as being part of a competitive economic development project.

**D: Students in Georgia-Based Corporations**

Students who are employees of Georgia-based corporations or organizations that have contracted with the Board of Regents through University System institutions to provide out-of-state tuition differential waivers.

**E: Students in ICAPP® Advantage programs**

Any student participating in an ICAPP® Advantage program.

**F: International and Domestic Exchange Programs**

Any international student who enrolls in a University System institution as a participant in an international or domestic direct exchange program that provides reciprocal benefits to University System students.

**G: Vocational Rehabilitation Waiver**

Students enrolled in a University System of Georgia institution based on a referral by the Vocational Rehabilitation Program of the Georgia Department of Labor.

**PART 4: REQUIRED SIGNATURES**

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 Printed Name

 \_\_\_\_\_  
 Student Signature

 \_\_\_\_\_  
 Date

**PART 5: ADMISSIONS OR REGISTRAR USE ONLY**

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_ Approved By: \_\_\_\_\_ Processed By: \_\_\_\_\_ Date Processed: \_\_\_\_\_