



**AUGUSTA**  
UNIVERSITY

# APPLICATION FOR OUT-OF-STATE DIFFERENTIAL WAIVER: FULL TIME USG EMPLOYEES & THEIR SPOUSES & DEPENDENTS

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/>.

Prior to submitting an out-of-state tuition waiver application, students are advised to review the University System of Georgia's out-of-state tuition waiver policy found in Section 7.3.4.1 of the Board of Regents Policy Manual. <http://www.usg.edu/policymanual>

**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

All students must provide one of the following:

**An official letter on letterhead from the appropriate human resources office of a unit of the University System of Georgia (USG) verifying current, full-time USG employment; or**

**An employment verification form from the appropriate human resources office of a unit of the University System of Georgia (USG) verifying current, full-time USG employment.**

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: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**PART 3: REQUEST INFORMATION**

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

Waiver application is based on full-time USG employment of:

Self  Spouse  Parent (Students Under the Age of 24 Only)  U.S. Court Appointed Legal Guardian (Students Under the Age of 24 Only)

Name of Individual with Qualifying Employment: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Employer Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

Currently Employed?  Yes  No

Date of Employment (MM/YY): \_\_\_\_\_

Is employment full-time?  Yes  No

**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: \_\_\_\_\_