



Office of the Registrar

**Ram Central West
C Building
2400 Gillionville Road
Albany, GA 31707**

Office (229-500-4358) ♦ Fax (229-500-4946)

APPLICATION AND CERTIFICATION OF FEE WAIVER UNDER AMENDMENT 23

Name _____ RAM# _____

Address _____ City _____ State _____ Zip _____

Semester of Enrollment and Fee Waiver Requested _____

EVIDENCE OF AGE QUALIFICATION PRESENTED

DOB _____ Verification Document _____ Credit Hours _____

EVIDENCE OF REGULAR ADMISSION

The above named person has completed all requirements for regular admission to the university as a resident of _____ student. Admission has been approved for the _____ Semester, 20_____. The person's college placement does ____/does not _____ require developmental courses.

Admissions Officer

Office of the Registrar's Officer

CERTIFICATION

I herein certify that the above named student has met all conditions under Amendment 23 for waiver of tuition fees for the _____ Semester, 20_____.

NOTICE TO THE STUDENT

This application and certification must be completed each semester five days prior to the date of registration for the referenced semester. A change in the conditions supporting this waiver may change your fee status for the subsequent registration.

Distribution: Office of the Registrar and Fiscal Affairs