



Office of Academic Services and Registrar

**504 College Drive
ACAD Bldg., Room 283
Albany, GA 31705
Office (229-430-4638) ♦ Fax (229-430-2953)**

APPLICATION AND CERTIFICATION OF FEE WAIVER UNDER AMENDMENT 23

Name _____ SSN _____

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 Academic Services and Registrar's Officer

EVIDENCE OF SPACE AVAILABLE

The above named person has been granted permission to enroll in the following program of this department: _____ . No regular student has been denied admission to the above named program because of space limits.

Departmental Chairperson

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.