

Albany State University

APPLICATION FOR BORDER STATE (ALABAMA, FLORIDA, SOUTH CAROLINA ONLY) TUITION DIFFERENTIAL WAIVER FOR NON-RESIDENT STUDENTS

Prior to submitting a **Border State Tuition Waiver** application, students are advised to review the University System of Georgia Non-Resident Students out-of-state tuition waiver policy found in Section 7.3.4.1 of the Board of Regents Policy Manual (www.usg.edu/policymanual). **Forms that are incomplete or do not provide the required documentation will NOT be considered.**

Section I To be completed by the STUDENT This is an editable PDF; Please type directly into each field.

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

Term applying for waiver: Fall Spring Summer Year: _____

This waiver application is based on your present and permanent home (domicile) in the following eligible state (Alabama, Florida, South Carolina) bordering Georgia:

State: _____

Will you have lived in the above state for at least 12 consecutive months immediately preceding the first day of classes for the term the waiver is requested? Yes No

Have you ever lived outside of the above state above? Yes No

If Yes: The above has been your state of domicile since: _____ (mm/yyyy)

Briefly describe your reason for moving to the above state: _____

Do you hold a current driver's license/state-issued ID?	<input type="checkbox"/> Yes <input type="checkbox"/> No	State issued? _____
Do you own a motor vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	State registered? _____
Are you registered to vote?	<input type="checkbox"/> Yes <input type="checkbox"/> No	State registered? _____
Did you file a state income tax return for the most recent tax year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	State filed? _____

Employment Information – Please list all employment for the past two years, including military service. Attach additional sheets if needed.

From	To	Employer	City	State	# of hours worked per week

Students under the age of 24 must provide the following:

Do you have a parent or U.S. court-appointed legal guardian who has established and maintained domicile in an eligible state (Alabama, Florida, South Carolina) bordering Georgia for at least 12 consecutive months immediately preceding the first day of classes for the term the waiver is requested? Yes No

If Yes:

Name of the above individual: _____

State of domicile: _____

Relationship: Parent U.S. court-appointed legal guardian

Has that individual ever lived outside of the above state? Yes No

If Yes:

They have maintained domicile in the above state since: _____ (mm/yyyy)

Briefly describe their reason for moving to the above state: _____

Do they hold a current driver's license/state-issued ID? Yes No State issued? _____
 Do they own a motor vehicle? Yes No State registered? _____
 Are they registered to vote? Yes No State registered? _____
 Did they file a state income tax return for the most recent tax year? Yes No

If Yes:

State filed? _____ Were you claimed as a dependent? Yes No

Did they file a federal income tax return for the most recent tax year? Yes No

If Yes: Were you claimed as a dependent? Yes No

Section II – STUDENT Oath and Affirmation – Sign in the presence of a Notary

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 Signature

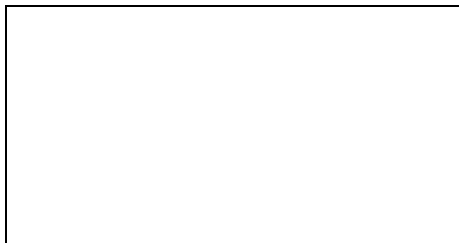
Date

Section III – Notary Oath and Affirmation

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of ____, 20__, by _____
(Individual Applying for Tuition Waiver)



Notary Seal

Signature of Notary Public-State of _____

Name of Notary Typed, Printed, or Stamped

Personally Known _____ OR Produced Identification _____

Type of Identification Produced

Section IV –Documentation Requirements

ALL STUDENTS MUST PROVIDE THE FOLLOWING:

Independent Students

Students 24 years of age and older must provide documentation showing that they have established and maintained domicile in the eligible state bordering Georgia for at least the 12 consecutive months immediately preceding the first day of classes for the term the Border State Residents waiver is requested.

Dependent Students

Students who are under the age of 24 must provide documentation showing that their parent(s) or U.S. court-appointed legal guardian(s) has established and maintained domicile in the eligible state bordering Georgia for at least 12 consecutive months immediately preceding the first day of classes for the term the Border State Residents waiver is requested.

Dependent students must also show that they graduated high school in the eligible border state or were claimed as a dependent on the income tax return filed for the most recent tax year by their qualifying parent or U.S. court-appointed legal guardian.

Examples of supporting documentation include:

- Copy of lease agreement or warranty deed
- Copy of driver's license or state-issued ID
- Copy of vehicle registration
- Copy of state tax return filed for the most recent tax year
- Copy of federal tax return filed for the most recent tax year

LAWFUL PRESENCE IN THE UNITED STATES

In addition to the above 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.

NOTE: Additional documentation may be requested to determine waiver eligibility.

Submit completed form and all required documentation to:

By Mail:

Office of Academic Services and Registrar
ATTN: Tuition Classification Officer
Albany State University
Billy C. Black Building, Room 283
504 College Drive
Albany, GA 31705

By Email: tco@asurams.edu

Subject: ATTN: Tuition
Classification Officer

By Fax: 229-430-2953

ATTN: Tuition Classification Office