

# University of West Georgia

## APPLICATION FOR OUT-OF-STATE TUITION DIFFERENTIAL WAIVER BORDER COUNTY RESIDENTS

Prior to submitting a **Border County Residents** out-of-state tuition waiver application, students are advised to review the University System of Georgia Border County Residents out-of-state tuition waiver policy found in Section 7.3.4.1 of the Board of Regents Policy Manual ([www.usg.edu/policymanual](http://www.usg.edu/policymanual)). Eligible bordering counties are based on the institution of attendance. County and institution eligibility can be found at [http://www.usg.edu/student\\_affairs/documents/border\\_waivers.pdf](http://www.usg.edu/student_affairs/documents/border_waivers.pdf).

### Section I – To be completed by the STUDENT

Name:		Student ID:	
Address:			
City:	State:	Zip:	
Email:		Phone:	
Term applying for waiver:	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer
Year: _____			

This waiver application is based on your present and permanent home (domicile) in the following eligible state and county bordering Georgia:

County: \_\_\_\_\_ State: \_\_\_\_\_

Will the above state have been your state of domicile 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?       Yes  No      State issued? \_\_\_\_\_

Do you own a motor vehicle?       Yes  No      State registered? \_\_\_\_\_

Are you registered to vote?       Yes  No      State registered? \_\_\_\_\_

Did you file a state income tax return for the most recent tax year?       Yes  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 a bordering state 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 and county 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

**Section II – STUDENT Oath and Affirmation**

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 –Documentation Requirements**

**ALL STUDENTS MUST PROVIDE THE FOLLOWING:**

Documentation that domicile has been established and maintained in the eligible bordering state for at least 12 consecutive months immediately preceding the first day of classes for the term the waiver is requested and documentation of current domicile in an eligible bordering county. Eligible bordering counties are based on the institution of attendance. County and institution eligibility can be found at [http://www.usg.edu/student\\_affairs/documents/border\\_waivers.pdf](http://www.usg.edu/student_affairs/documents/border_waivers.pdf).

**Students who are under the age of 24 must provide documentation related to the domicile of their parent(s) 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

**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.

**Completed forms with supporting documentation must be received in the Registrar's Office by the final fee payment deadline for the term in which the waiver is requested. Please visit the SCOOP for information on fee payment deadlines: <http://www.westga.edu/registrar/766.php>**

**Submit completed form and required documentation to:**

University of West Georgia  
Office of the Registrar  
1601 Maple Street, Carrollton, GA 30118  
Phone: 678-839-6438  
Email: registrar@westga.edu