

# APPLICATION FOR OUT-OF-STATE DIFFERENTIAL WAIVER: CAREER CONSULAR OFFICERS & THEIR SPOUSES & DEPENDENT CHILDREN

For your convenience, we accept forms via email at <u>records@augusta.edu</u> or <u>admissions@augusta.edu</u>. We encourage you to use an electronic signature to help expedite the process. Instructions for signing documents electronically can be found at <a href="https://www.augusta.edu/esignature/">https://www.augusta.edu/esignature/</a>.

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. <u>http://www.usg.edu/policymanual</u>

## 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			

CONTINUING STUDENTS: Office of the Registrar Summerville Campus Rains Hall (706) 446-1430 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 all of the following:

## Letter or preprinted form from the foreign consular office located in Georgia verifying that the career consular is:

- A citizen of the nation the consular office represents;
- Stationed in Georgia under orders of the government of the foreign nation; and
- Living in Georgia.

# Documentation that the career consular office upon whom the waiver request is based holds a current, valid "A" visa status in the United States.

#### Lawful Presence in the United States

• 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

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.



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PART 2: STUDENT INFORMATION						
First Name:	Middle Initial:	Last Name: _		Student ID:		
Street Address:		City:	St	ate:	Zip:	
Email:	Phone Number	r:	Current	Visa Status:		
PART 3: REQUEST INFORM	ATION					
Term of Waiver Request: Fall	Spring Summer	20				
Waiver application is based on emplored orders of their home government: Self Spouse Parent (Stud Name of Career Consular Officer: Date the Career Consular Officer Still Date the Career Consular Officer Still Date the Career Consular Officer w Is the Career Consular Officer Curr Name of Consular Office:	dents Under the Age of 24 Or Began Living in Georgia I Living in Georgia: was Assigned to Georgi rently Assigned to Georgi	nly) U.S. Cou a (MM/YY): Yes No ia (MM/YY): rgia: Yes	rt Appointed Legal G   No	<b>uardian</b> (Students	Under the Age of 24 Only)	
Consular Street Address:				State:	Zip:	
					<u>p.</u>	
PART 4: REOUIRED SIGNAT	URES					

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 B	By: Processed By: Date Process	sed: