University of West Georgia APPLICATION FOR OUT-OF-STATE TUITION DIFFERENTIAL WAIVER FULL-TIME PUBLIC SCHOOL & TCSG EMPLOYEES

AND THEIR SPOUSES AND DEPENDENT CHILDREN

Prior to submitting a **Full-time Public School & TCSG Employee** out-of-state tuition waiver application, students are advised to review the University System of Georgia's Employee out-of-state tuition waiver policy found in Section 7.3.4.1 of the Board of Regents Policy Manual (www.usg.edu/policymanual).

| Section I - To be completed by the STUDENT Name: Student ID: | | | | | |
|---|--|-------------------------|---------------------------------|------|--|
| City: State: Zip: Email: Phone: Term applying for waiver: Fall Spring Summer Year: Waiver application is based on full-time employment with a Georgia public School or with a unit of the Technical College System of Georgia (TCSG) of: Self Parent (students under the age of 24 only) U.S. court-appointed legal guardian (students under the age of 24 only) Spouse Full name of employee upon whom waiver application is based: Employer address: Employer address: Employer city: Employer phone number: Date of employment: Currently employed? Yes No Is employment full-time? 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. | · · | | Student ID: | | |
| Email: | Address: | | | | |
| Term applying for waiver: | City: State: | | | Zip: | |
| Waiver application is based on full-time employment with a Georgia public School or with a unit of the Technical College System of Georgia (TCSG) of: Self Parent (students under the age of 24 only) Spouse Full name of employee upon whom waiver application is based: Employer address: Employer address: Employer city: Employer phone number: Date of employment: Currently employed? Yes No Is employment full-time? 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. | Email: | | Phor | ie: | |
| Georgia (TCSG) of: Self Self Parent (students under the age of 24 only) U.S. court-appointed legal guardian (students under the age of 24 only) Spouse Full name of employee upon whom waiver application is based: Employer address: Employer address: Employer of employer: Employer address: Employer phone number: Date of employment: Currently employed? Yes No Is employment full-time? 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. | Term applying for waiver: Fall Spring Summer Year: | | | | |
| Employer city: Employer phone number: Currently employed? | Georgia (TCSG) of: Self Parent (students under the age of 24 only) U.S. court-appointed legal guardian (students under the age of 24 only) Spouse | | | | |
| Employer city: Employer phone number: Date of employment: Currently employed? Yes No Is employment full-time? 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. | Name of employer: | | | | |
| Employer phone number: Currently employed? | Employer address: | | | | |
| Currently employed? | Employer city: Employer zip: | | | | |
| 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. | Employer phone number: Date of employment | | | | |
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| Student Signature Date | | | | | |

Section III –Documentation Requirements

ALL STUDENTS MUST PROVIDE ONE OF THE FOLLOWING:

- A. A complete copy of a current contract indicating full-time employment with a Georgia public school. Individuals who are not employed by a Georgia public school or school system are not eligible for the waiver, even if they are working in a school. Those employed by a temp agency or other company agency or organization are not eligible.
- B. An official letter on letterhead or employment verification form from the human resources office of a public school system verifying current, full-time employment with a Georgia public school; or
- C. An official letter on letterhead or employment verification form from the human resources office of a unit of the Technical College System of Georgia (TCSG) verifying current, full-time TCSG employment.

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.

IN ADDITION, STUDENTS APPLYING BASED ON THE EMPLOYMENT OF A PARENT, U.S. COURT-APPOINTED LEGAL GUARDIAN OR SPOUSE MUST SUBMIT <u>ONE</u> OF THE DOCUMENTS LISTED UNDER EITHER A, B, OR C BELOW, AS APPROPRIATE:

A. APPLYING BASED ON A PARENT (Students under the age of 24 only)

- Copy of the birth certificate for the student listing the individual with qualifying employment as their parent; or
- Copy of the federal income tax return filed by the individual with qualifying employment for the most recent tax year listing the student as a dependent child.

B. APPLYING BASED ON A U.S. COURT-APPOINTED LEGAL GUARDIAN (Students under the age of 24 only)

- Copy of U.S. court documentation listing the individual with qualifying employment as the guardian of the student; or
- Copy of the federal income tax return filed by the individual with qualifying employment for the most recent tax year listing the student as a dependent child.

C. APPLYING BASED ON A SPOUSE

- Copy of the marriage certificate for the individual with the qualifying employment and the student; or
- Copy of a jointly filed federal tax return filed by the individual with the qualifying employment for the most recent tax year listing the student as a spouse. Or, a copy of a jointly fined federal income tax return filed by the student for the most recent tax year listing the individual with the qualifying employment as a spouse.

Completed forms with all 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

Rev. 01/06/15