



800 Wheatley Street, Americus, GA 31709-4379

Petition for Georgia Residence Classification

Date: _____ **Petition must be submitted at least 10 days prior to the start of the term applying for.**
Please note: *This petition will not be reviewed unless all questions have been answered and the necessary information attached.*

DO NOT WRITE IN THIS SPACE

Petition Approved _____ Not Approved _____ Date _____

Effective as requested _____ Other _____

Approved by _____

NOTE: To best present your case, provide all necessary information requested in as clear and concise a manner as possible. If an item does not apply to you, so indicate. Your signature certifies the information provided is true and complete.

gswID# _____

Name (as it appears on GSW records)

Last _____ First _____ Middle/Maiden _____

Petition to be considered for Fall Spring Summer Semester 20____

Date of Birth _____ Marital Status _____

Date you came to Georgia (or last returned) _____ From what state? _____

Length of Last Absence from Georgia, and purpose (other than vacation, visitation)

Present Address _____

Phone Number _____

Type of Housing (check one) House Dorm Co-op Room Other

Renting, length of lease (check one) 12 months 9 months Other

Date of Lease _____ Date of previous lease _____

How long have you been at your current residence? _____

How long were you at your previous residence? _____

States you were employed in (last twelve months)

*State paid taxes to on these earnings

- 1.
- 2.
- 3.

- 1.
- 2.
- 3.

Taxes paid to other states in the past four years

Year State

Your residence as listed on Federal Income tax last year

First registered to vote in Georgia Mo. Year Day County

Date last voted in Georgia Mo. Year Day County

Presently own or regularly operate motor vehicle (while a student)? Yes No

This vehicle is registered to Name

State registered in Date registered

Insurance for vehicle is carried in the state of

Date most recent valid driver's license obtained

RESIDENCES, OCCUPATIONS, EDUCATIONAL INSTITUTIONS & ACTIVITIES IN PAST 4 YRS.

From (dates)	To (dates)	City	State	Employer/Activity	Full- time	Part- time	Resident State

Date of first registration at GSW

Dates of attendance at GSW (most recent) Approx # Earned Hrs

Organizations and activities you participate in (church, religious, social, community, etc.)

* Items with this symbol are not required fields; however, it is recommended that the student provide the information requested.

Father's Name

Address

Mother's Name

Address

If parent's names or addresses differ, please explain briefly:

If parents were ever a legal resident of Georgia, please give address(es) and date(s) of residence:

Address	From (dates)	To (dates)

Name of court appointed Legal Guardian

Address

Dates of Georgia residence

Date of appointment Name of Court

Other relatives who permanently reside in Georgia:

Address	From (dates)	To (dates)

Name of Spouse

Place of Marriage

Date of Marriage

PERSONAL STATEMENT

In the space provided below, or on an attached sheet, make a clear and complete statement covering the following items: *(Be concise. Do not repeat any information that has been provided above.)*

1. Your purpose in coming to the state of Georgia.
2. In chronological order, facts that in your opinion, tend to establish your residence in the state of Georgia.
3. Do you live at your claimed legal residence during the entire year? If not, please explain.
4. Discuss your immediate and long range plans.
5. Do you plan to move out of the state after completing your studies, or do you intend to remain in Georgia indefinitely?

****Include the following (if appropriate):** Address listed on selective service registration, hunting and fishing license, insurance policy, Last Will and Testament, Georgia checking or saving account and/or safety deposit box, membership in professional business, civic or other organizations in Georgia.

The undersigned hereby swears and affirms to the authenticity of the information provided on the _____ pages of this affidavit. I understand that any false or misleading information in this affidavit will jeopardize my admission or right to continue at Georgia Southwestern State University. I also authorize Georgia Southwestern State University to review and examine any and all documents and records to include my confidential loan forms and related data, which may assist in clarifying my residence.

SIGNATURE OF PERSON MAKING AFFIDAVIT

DATE