Georgia Southwestern State University
Application for Out-of-State Tuition Differential Waiver for
University System Employees (704.041) #5

Please select the term for which you are applying

☐ Spring Semester (January)  ☐ Summer Term  ☐ Fall Semester (August)
(Select only 1 semester)

University System Employees and Dependents: Full-time employees of the University System, their spouses, and their dependent children shall qualify for this waiver.

NOTE: This waiver is valid for a period of 12 months. Upon completion of that 12-month period, the student must complete a Petition for Georgia Residency and provide additional documentation according to established procedures at Georgia Southwestern State University in order to establish residency in Georgia for in-state tuition purposes.

Student Information:
Full Name: ______________________________________________________ GSW ID# _____________________________
Telephone Number (Home) ___________________________ (Work) ___________________________
Email: ________________________________________________________________________________________________
Present Address: ________________________________________________________________________________________
Street      City   State   Zip
Employer: _______________________________________________________________ How long? ____________________
__________________________________________________               ________________________
Signature of Student ___________________________ Date ____________________________

Parent/Guardian/Spouse Information (if student is dependent of Full-Time Employee):
Full Name: ___________________________________________________________ ID# _____________________________
Telephone Number (Home) ___________________________ (Work) ___________________________
Present Address: ________________________________________________________________________________________
Street      City   State   Zip
Employer: _______________________________________________________________ How long? ____________________
__________________________________________________               ________________________
Signature of Parent/Guardian/Spouse ___________________________ Date ____________________________

YOU MUST INCLUDE:
• A letter from the personnel office of the University System school verifying that you are a full-time employee or copy of a current contract (if applicable)
• If student is the spouse or a dependent of a full-time employee, include a certified or notarized copy of the latest Federal Tax Return filed

I understand this waiver, if approved, is valid for 12 months and I must submit a Petition for Georgia Residency once this waiver expires.

Student’s Signature ___________________________ Date ____________________________

NOTE: This petition is for informational purposes only and does not in any way imply a determination of legal residence in Georgia. You may be required to pay out-of-state fees if a decision has not been reached prior to the fee payment deadline to prevent cancellation of your classes. You will then be due a refund if you are determined eligible to receive this waiver.

Submit completed form and the necessary documentation to:
Georgia Southwestern State University
Registrar’s Office
800 Georgia Southwestern State University Drive
Americus, GA  31709
229-928-1331 phone