



UNIVERSITY SYSTEM OF GEORGIA
Out-of-State & Out-of-Country Tuition Waiver Application
for Military & Other Members of a Qualifying Federal Service



SOUTH GEORGIA
STATE COLLEGE

Section I Student Information

Last:		First:		Middle:	
Street 1:			Street 2:		
City:	State/Territory:		Zip:	Country:	
Email:				Phone:	
Term:	Fall	Spring	Summer	Year:	Student ID (if known):

Section II Basis for Waiver Request

Your relationship to the sponsor:

Self

Note: The sponsor is the military or other individual with qualifying federal service upon whom you are basing your waiver request.

I am under 24 years of age and the sponsor is my parent.

I am under 24 and the sponsor is my U.S. court-appointed legal guardian.

The sponsor is my spouse

None of the above Please explain: _____

Sponsor's Name (if not self): _____

Sponsor's current qualifying affiliation (check all that apply):

- ☐ Active-duty military ☐ Active-duty member of the Foreign Service ☐ Officer or employee of the intelligence community
☐ Member of the Georgia National Guard ☐ Member of the U.S. Military Reserves
☐ Retired military ☐ Separated military

Basis for waiver request (check all that apply):

1. Sponsor is an active-duty servicemember or other member of a qualifying federal service and:

- ☐ A. Sponsor is currently stationed in or assigned to Georgia.
☐ B. Sponsor was previously stationed in or assigned to Georgia, was reassigned outside the state, and I have remained continuously enrolled in a Georgia high school, TCSG institution, or USG institution.
Date of reassignment: _____ mm/yyyy
☐ C. Sponsor was previously stationed in or assigned to Georgia, was reassigned outside the state, and I have remained in Georgia.
Date of reassignment: _____ mm/yyyy
☐ D. Sponsor is currently stationed in a state contiguous to the Georgia border and resides in Georgia.
Duty station location: _____
Sponsor's address: _____
☐ E. Sponsor was previously stationed in or assigned to Georgia, was reassigned outside the state in the five years prior to the start of classes, and I am their dependent child.
Date of reassignment: _____ mm/yyyy
☐ F. I am the dependent child of the sponsor and I completed at least one year of high school in Georgia.
High school name: _____
City: _____ Attended from: _____ mm/yyyy to: _____ mm/yyyy

2. Sponsor is:

- An active member of the Georgia National Guard stationed in or assigned to Georgia.
An active member of a unit of the U.S. Military Reserves based in Georgia.
A contracted ROTC cadet attending a USG institution.

3. Sponsor is a separated servicemember and:

- ☐ A. I will enroll within 36 months of the separation date and have demonstrated the intent to become domiciled in Georgia.
Sponsor's date of separation: _____ Date Georgia domicile established: _____
☐ B. I will use VA educational benefits and will have physically resided in Georgia since: _____
☐ C. I do not qualify under A or B above but I am a "covered individual" as described in 38 U.S.C. 3679(c).
Please specify: _____

Section III 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.

Signature

Date

Submit completed form and the necessary documentation to:

South Georgia State College - Registrar's Office

100 W. College Park Dr.

Douglas, GA 31533

(912) 260-4406

registrar@sgsc.edu

It is strongly suggested that you keep either an electronic or paper copy of the completed form for your records.