

Middle Georgia State University

APPLICATION FOR OUT-OF-STATE TUITION DIFFERENTIAL WAIVER BORDER STATE RESIDENTS

Prior to submitting a **Border State Residents** out-of-state tuition waiver application, students are advised to review the University System of Georgia Border Residents out-of-state tuition waiver policy found in [Section 7.3.4.1 of the Board Policy Manual](#) and the [list of approved institutions, border states, and border counties](#). Please note this waiver is for residents of Alabama, Florida, North Carolina, South Carolina and Tennessee, who live or take the majority of their courses on the Cochran Campus.

Section I – To be completed by all students

1. Your Name (Last, First, MI):		2. Student ID:	
3. Home Phone:	4. Cell Phone:	5. Work Phone:	
6. Email Address:			
7. Present Address:			
8. Permanent Address:			
9. Term you are requesting to first receive the waiver: <div style="display: flex; justify-content: space-around;"><div><input type="checkbox"/> Fall</div><div><input type="checkbox"/> Spring</div><div><input type="checkbox"/> Summer</div></div> <div style="margin-top: 5px;">Year: _____</div>		10. Student Level: <div style="display: flex; justify-content: space-around;"><div><input type="checkbox"/> Undergraduate</div><div><input type="checkbox"/> Graduate</div></div>	
11. Will you be 24 years of age or older by the first day of classes for the above term? <div style="display: flex; justify-content: flex-end;"><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div>		12. Date of Birth: _____ <div style="text-align: center;">(mm/dd/yyyy)</div>	
13. Citizen Status: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Permanent Resident <input type="checkbox"/> Other Specify: _____			
14. State of Domicile: <input type="checkbox"/> Alabama <input type="checkbox"/> Florida <input type="checkbox"/> North Carolina <input type="checkbox"/> South Carolina <input type="checkbox"/> Tennessee			
15. As of the first day of classes for the term you are requesting the waiver, will the above border state have been your present and permanent home (domicile) for at least 12 consecutive months? <input type="checkbox"/> Yes <input type="checkbox"/> No			
16. What is your current county of domicile? _____		17. Have you graduated, or will you graduate, from high school in the above border state? <input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Have you lived outside of the above border state? <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="margin-top: 10px;">If Yes: 18a. Date you moved to the above border state: _____ (mm/yyyy) 18b. Briefly describe your reason for moving to the above border state: _____ _____</div>			
19. Do you hold a current driver's license/state-issued ID? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: State issued? _____			
20. Do you own a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: State registered? _____			
21. Are you registered to vote? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: State registered? _____			
22. Did you file a state income tax return for the most recent tax year? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: State filed? _____			
If Yes: Residency status filed: <input type="checkbox"/> Full-Year Resident <input type="checkbox"/> Part-Year Resident <input type="checkbox"/> Non-Resident			

Employment Information – List all employment for the past two years, including military service. Attach additional sheets if needed.

From Date	To Date	Employer	City	State	# of hours worked per week

Section II – To be completed by students under the age of 24

Do you have a parent or U.S. court-appointed legal guardian who has established and maintained domicile in an eligible state (Alabama, Florida, South Carolina) bordering Georgia for at least 12 consecutive months immediately preceding the first day of classes for the term the waiver is requested? ☐ Yes ☐ No State: _____

If Yes:

Name of the above individual: _____

Relationship: ☐ Parent ☐ U.S. court-appointed legal guardian

Has that individual ever lived outside of the above state? ☐ Yes ☐ No

If Yes:

They have maintained domicile in the above state since: _____ (mm/yyyy)

Briefly describe their reason for moving to the above state: _____

Do they hold a current driver's license/state-issued ID? ☐ Yes ☐ No State issued? _____

Do they own a motor vehicle? ☐ Yes ☐ No State registered? _____

Are they registered to vote? ☐ Yes ☐ No State registered? _____

Did they file a state income tax return for the most recent tax year? ☐ Yes ☐ No

If Yes:

State filed? _____ Were you claimed as a dependent? ☐ Yes ☐ No

Did they file a federal income tax return for the most recent tax year? ☐ Yes ☐ No

If Yes: Were you claimed as a dependent? ☐ Yes ☐ No

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.

Student Signature

Date

Section IV –Documentation Requirements

LAWFUL PRESENCE IN THE UNITED STATES

Only those students verified to be lawfully present in the United States may be considered for an out-of-state tuition waiver. Waiver applicants may be required to provide additional documentation to meet this requirement.

DOCUMENTATION OF WAIVER ELIGIBILITY

Additional documentation may be required to confirm domicile in the border state such as the following:

- Copy of lease agreement or warranty deed
- Copy of driver's license or state-issued ID
- Copy of vehicle registration
- Copy of income tax returns filed for the most recent tax year
- Copy of utility bills

Submit completed form and required documentation to:

Middle Georgia State University
Office of Registrar
100 University Parkway
Macon, Ga. 31206
registrar@mga.edu
478-471-2900