GA National Guard and U. S. Reservists Waiver Application

SELECT EFFECTIVE TERM

Last Name
First Name
Middle / Maiden Name
Student ID Number

Mailing Address

City
Select State
Zip Code

Current Telephone Number

COMMANDING OFFICER SECTION

I certify that the student listed on this form is on Active Military Duty Status, assigned to this station.

Dates of service in Georgia:

Email Address of Commanding Officer:

Phone Number:

Installation:

Title of Commanding Officer:

Commanding Officer Signature:
_____________________________ Date:

Military Personnel Waiver- Qualifying individual, dependent student and spouses are required to submit the following information along with this completed application:

a. A copy of official orders verifying assignment to duty in Georgia;
b. A letter or preprinted form verifying Active Membership;
c. Present in-person your military ID card– copies not acceptable by law;
d. Copies of Leave of Earning Statements;
e. Birth Certificate or copy of latest federal and state tax returns listing child (in addition to ‘a’, ‘b’, ‘c’ and ‘d’ for dependent, if applicable);
f. Marriage Certificate (in addition to ‘a’, ‘b’, ‘c’ and ‘d’ for spouse, if applicable);
g. U.S. Court appointed guardianship paperwork (if applicable);
h. If child or spouse is a non-citizen, documentation of current, legal immigration status.

Attach necessary documentation or mail to: Janet Stracher
East Georgia State College
Registrar’s Office
Phone: (478) 289-2109
Fax: (478) 289-2109
Email: records@ega.edu

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: ________________

(Registrar's Office Use)

KEY_BANID:  KEY_TermCode:  Processed By: