Residency Classification
Correction Form
(Corrections to the Petition Only)

SEMMSEST APPLIYING FOR: ____________________________

Student Correction to Residency Answer on Original Enrollment Application

Last Name ___________ First Name ___________ Middle / Maiden Name ___________ Student ID Number ___________

Mailing Address __________________________________________________________________________________________

City ___________ Select State ___________ Zip Code ___________

Personal Information for East Georgia State College Student:

Parent, Spouse, or U.S. Court Appointed Guardian Information for Dependent Applicants Only:

Middle Name ___________ Last Name ___________

Mailing Address __________________________________________________________________________________________

Street ____________________________________________________________________________

City ___________ State ___________ Zip ___________ Email Address ___________

1. According to the definitions above, have you established and maintained legal residency and domicile in Georgia for at least 12 consecutive months immediately preceding the first day of classes for the term in which you plan to enroll?

2. If you are under the age of 24, has a parent(s) or U.S. court-appointed legal guardian established and maintained legal residency and domicile (according to the definitions above) in Georgia for at least 12 consecutive months?

3. What is your Georgia County of residence?

Additional Instructions:

Applications must be submitted one week prior to the first day of classes.

This petition is for information 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.

I understand that any material false statement made knowingly and willingly by me on this application, or any documents attached here to 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.

Oath and Affirmation for East Georgia State College Student

Student Signature: _____________________________________ Date: ________________

(Signature line provide in lieu of e-signature)

(Registrar's Office Use)

KEY_BANID: ________________________ KEY_TermCode: ________________________ Processed By: ________________________