



# East Georgia State University

## APPLICATION FOR OUT-OF-STATE TUITION DIFFERENTIAL WAIVER

### BORDER COUNTY RESIDENTS

Prior to submitting a **Border County Residents** out-of-state tuition waiver application, students are advised to review the University System of Georgia Border County Residents out-of-state tuition waiver policy found in Section 7.3.4.1 of the Board of Regents Policy Manual ([www.usg.edu/policymanual](http://www.usg.edu/policymanual)). Eligible bordering state counties are based on the institution of attendance. Bordering state, county and institution eligibility can be found at [http://www.usg.edu/student\\_affairs/documents/border\\_waivers.pdf](http://www.usg.edu/student_affairs/documents/border_waivers.pdf).

**This waiver is available only to EGSC-Augusta students domiciled in Aiken or Edgefield County, South Carolina and will not apply to the student's spouse or dependent children.**

In order to qualify for the Border County Waiver, students must provide documentation that they are currently domiciled in the qualifying county of the bordering state and has been domiciled in the bordering state for 12 months immediately preceding the first day of the term the waiver is requested. If the student is under 24 years of age, domicile is based upon the student's parent's domicile information.

When the waiver is issued for enrollment in a specific program, the waiver applies only to that program and any student who changes his/her program or elects to change to Swainsboro or Statesboro which is not on the border is no longer eligible for the waiver. Time spent on a Border waiver may not be used towards establishing Georgia residency for tuition payment purposes. Students must be enrolled in a program at the USG institution in order to receive the waiver.

**Application priority deadline: Two weeks prior to start of the first day of classes to allow for processing time. If received past the deadline, it may be considered as time permits.**

#### Section I – To be completed by the STUDENT

|       |             |
|-------|-------------|
| Name: | Student ID: |
|-------|-------------|

|          |  |
|----------|--|
| Address: |  |
|----------|--|

|       |        |      |
|-------|--------|------|
| City: | State: | Zip: |
|-------|--------|------|

|        |        |
|--------|--------|
| Email: | Phone: |
|--------|--------|

|                           |                               |                                 |                                 |             |
|---------------------------|-------------------------------|---------------------------------|---------------------------------|-------------|
| Term applying for waiver: | <input type="checkbox"/> Fall | <input type="checkbox"/> Spring | <input type="checkbox"/> Summer | Year: _____ |
|---------------------------|-------------------------------|---------------------------------|---------------------------------|-------------|

This waiver application is based on your present and permanent home (domicile) in the following eligible state and county bordering Georgia:

County: \_\_\_\_\_ State: \_\_\_\_\_

Will you have lived in the above state for at least 12 consecutive months immediately preceding the first day of classes for the term the waiver is requested?  Yes  No

Have you ever lived outside of the above state above?  Yes  No

**If Yes:** The above has been your state of domicile since: \_\_\_\_\_ (mm/yyyy)

Briefly describe your reason for moving to the above state: \_\_\_\_\_

Do you hold a current driver's license/state-issued ID?  Yes  No State issued? \_\_\_\_\_

Do you own a motor vehicle?  Yes  No State registered? \_\_\_\_\_

Are you registered to vote?  Yes  No State registered? \_\_\_\_\_

Did you file a state income tax return for the most recent tax year?  Yes  No State filed? \_\_\_\_\_

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

| From | To | Employer | City | State | # of hours worked per week |
|------|----|----------|------|-------|----------------------------|
|      |    |          |      |       |                            |
|      |    |          |      |       |                            |

**Students under the age of 24 must provide the following:**

Do you have a parent or U.S. court-appointed legal guardian who has established and maintained domicile in an eligible state bordering Georgia for at least 12 consecutive months immediately preceding the first day of classes for the term the waiver is requested and is currently domiciled in a qualifying border county?  Yes  No

**If Yes:**

Name of the above individual: \_\_\_\_\_

State of domicile: \_\_\_\_\_ County of domicile: \_\_\_\_\_

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 tax return for the most recent tax year?  Yes  No

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

**Section II – 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 III –Documentation Requirements

#### ALL STUDENTS MUST PROVIDE THE FOLLOWING:

##### Independent Students

Students 24 years of age and older must provide documentation showing that they have established and maintained domicile in the eligible state bordering Georgia for at least the 12 consecutive months immediately preceding the first day of classes for the term the Border County Residents waiver is requested and documentation of current domicile in an eligible bordering county in that state.

##### Dependent Students

Students who are under the age of 24 must provide documentation showing that their parent(s) or U.S. court-appointed legal guardian(s) has established and maintained domicile in the eligible state bordering Georgia for at least 12 consecutive months immediately preceding the first day of classes for the term the Border County Residents waiver is requested and documentation of current domicile in an eligible bordering county in that state.

Dependent students must also show that they graduated high school in the eligible border state or were claimed as a dependent on the income tax return filed for the most recent tax year by their qualifying parent or U.S. court-appointed legal guardian.

##### Provide Two (2) supporting documents from this list:

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

#### LAWFUL PRESENCE IN THE UNITED STATES

In addition to the above waiver-specific documentation requirements, students must be verified to be lawfully present in the United States to be eligible for any out-of-state tuition waiver.

**NOTE:** Additional documentation may be requested to determine waiver eligibility.

#### Submit completed form and required documentation to:

Registrar  
East Georgia State College  
131 College Circle  
Swainsboro, GA 30401  
Phone: 478-289-2169  
Fax: 478-289-2353  
Email: [jstrach@ega.edu](mailto:jstrach@ega.edu)

#### \*\*\* REGISTRAR'S OFFICE USE ONLY \*\*\*

Waiver Decision:  Approved  Denied Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Semester: \_\_\_\_\_ Expires: \_\_\_\_\_  
Fall / Spring / Summer Year

Routed to Business Office for Processing: \_\_\_\_\_

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