



**East Georgia State College**  
 Office of Student Affairs  
 131 College Circle  
 Swainsboro, GA 30401  
 Tel: (478)289-2169  
 Fax: (478)289-2353

## Residency Classification Correction Form (Corrections to the Petition Only)

### Student Correction to Residency Answer on Original Enrollment Application

SEMESTER APPLYING FOR:

\* -- Please Select --

\*  \*   \*

Last Name                      First Name                      Middle / Maiden Name                      Student ID Number

\*

Mailing Address

\*  \* -- Please Select --  \*

City                      Select State                      Zip Code

\*

Current Telephone Number

**PERSONAL INFORMATION FOR EAST GEORGIA STATE COLLEGE STUDENT:**

**PARENT, SPOUSE, OR U.S. COURT APPOINTED GUARDIAN INFORMATION FOR DEPENDENT APPLICANTS ONLY:**

First Name

Middle Name

Last Name

Mailing Address

Street

Telephone

-- Please Select --

State

Zip

Email

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?

-- Please Select --

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?

-- Please Select --

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.

(Registrar's Office Use)

\*

KEY\_BANDID:

\*

KEY\_TermCode:

\*

Processed By: