

South Georgia College

APPLICATION FOR OUT OF STATE TUITION DIFFERENTIAL WAIVER BORDER COUNTY RESIDENTS

Border County Residents Waivers are available to students domiciled in an out-of-state county bordering Georgia, enrolling in a program offered at a location approved by the Board of Regents and for which the offering institution has been granted permission to award Border County waivers.

This waiver is available only to SGC students at the South Georgia College Entry Program at Valdosta State University who are domiciled in Hamilton County, Florida, Madison County, Florida, or Nassau County, Florida.

In order to be eligible for the Border County Waiver, students must provide documentation demonstrating that they have established and maintained domicile in the bordering state in which the qualifying county is found for the twelve consecutive months immediately preceding the first day of class for the term for which the waiver is requested. If the student is under 24 years of age, domicile is based on the student's parent's domicile. 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 come to the campus which is not on the border, the student would no longer be 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.

Section I – To be completed by the STUDENT	
Student name:	Student ID:
Address:	
Email:	Phone:
Term applying for waiver: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: _____	
Waiver application is based on domicile in which Florida County: <input type="checkbox"/> Hamilton <input type="checkbox"/> Madison <input type="checkbox"/> Nassau	
Please provide the following information:	
Have you (if 24 years of age or older) or your parent (if under 24 years of age) established and maintained domicile in the Florida County specified for at least 12 consecutive months immediately preceding the first day of classes for which the waiver is requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you (or your parent, if under 24 years of age) ever lived outside of the Florida County specified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, you have continuously resided in the Florida County specified since: _____ (mm/yyyy)	

Section II –Documentation Requirements
<p>ALL APPLICANTS (all of the following)</p> <ul style="list-style-type: none"> • Documentation showing student (if 24 or over) or parent (if under age of 24) has been established in specified Florida County for the required duration. This should include one or more of the following: <ul style="list-style-type: none"> ○ Copy of lease agreement or warranty deed ○ Copy of vehicle registration
<p>STUDENTS APPLYING BASED ON PARENT OR US COURT-APPOINTED LEGAL GUARDIAN (one of the following)</p> <ul style="list-style-type: none"> • Copy of state or federal income tax returns for the Florida County-domiciled parent or U.S. court-appointed legal guardian listing the applicant as a dependent. • Copy of birth certificate for the applicant listing the Florida County-domiciled individual as the parent. • Copy of U.S. court documentation listing the Florida County-domiciled individual as the guardian of the applicant.

Section III – 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's Signature

Date

Submit completed form and the necessary documentation to:

**South Georgia College
Registrar's Office
100 W. College Park Dr.
Douglas, GA 31533
(912) 260-4406
(912) 260-4455 (fax)
registrar@sgc.edu**

It is strongly suggested that you keep either an electronic or paper copy of the completed form for your records.