



**APPLICATION FOR OUT-OF-STATE TUITION DIFFERENTIAL WAIVER  
FOR MILITARY PERSONNEL AND THEIR DEPENDENTS**

Military personnel, their spouses, and their dependent children stationed in or assigned to Georgia and on active duty may apply for this waiver. The waiver can be retained by the military personnel, their spouses, and their dependent children if:

1. The military sponsor is reassigned outside of Georgia, and the student(s) remain(s) continuously enrolled and the military sponsor remains on active military status;
2. The military sponsor is reassigned out-of-state and the spouse and dependent children remain in Georgia and the sponsor remains on active military duty; or,
3. The active military personnel and their spouse and dependent children are stationed in a state contiguous to the Georgia border and live in Georgia.

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

Student name:	Student ID:
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Address:

Email:	Phone:
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Please select which of the following apply:

<input type="checkbox"/> 1. I am an <b>active duty military member</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> A-Currently stationed in or assigned to GA.</li> <li><input type="checkbox"/> B-Previously stationed in or assigned to GA but currently reassigned outside of GA.</li> <li><input type="checkbox"/> C-Currently stationed in or assigned to a state contiguous to the Georgia border and I currently live in GA.</li> </ul>	<input type="checkbox"/> 2. I am a <b>dependent of an active duty military member</b> and <ul style="list-style-type: none"> <li><input type="checkbox"/> A-My military sponsor is currently stationed in or assigned to GA.</li> <li><input type="checkbox"/> B-My military sponsor was previously stationed in or assigned to GA but has been reassigned outside of GA.</li> <li><input type="checkbox"/> C-My military sponsor is currently stationed in or assigned to a state contiguous to the GA border and currently lives in Georgia.</li> </ul>
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Term applying for waiver:     Fall     Spring     Summer    Year: \_\_\_\_\_

Military Member Information:

Military Member Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Current Duty Station: \_\_\_\_\_

Dates of Assignment to Georgia: \_\_\_\_\_

**Section II – Documentation Requirements**

**ALL APPLICANTS (all of the following)**

- Copy of permanent orders; Enlisted Record Brief (ERB); or, letter from Commanding Officer indicating assignment to duty in Georgia and a most recent copy of an LES (Leave and Earnings Statement)

**APPLICANTS APPLYING UNDER 1B or 2B ABOVE (page 1)**

Copy of permanent orders; Enlisted Record Brief (ERB); or, letter from Commanding Officer indicating reassignment outside of Georgia and a most recent copy of an LES (Leave and Earnings Statement)

**APPLICANTS APPLYING UNDER 1C or 2C ABOVE (page 1)**

Copy of permanent orders; Enlisted Record Brief (ERB); or, letter from Commanding Officer indicating assignment to a state contiguous to Georgia and documentation showing residence in Georgia and a most recent copy of an LES.

**STUDENTS WHO ARE THE CHILD OR SPOUSE OF THE MILITARY MEMBER**

One of the following to show relationship/dependency of the student to the military member:

- DD1172 (DEERS form)
- Latest state or federal tax returns listing student as a dependent
- Marriage certificate (spouse only)
- Birth certificate (child only)
- U.S. court documentation of guardianship

**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:**

Office of the Registrar  
 Valdosta State University  
 1500 North Patterson Street  
 Valdosta, GA 31698  
 Phone: 229-333-5727  
 Fax: 229-333-5475  
 Email: registrar@valdosta.edu

\*\*\*\*\*For Registrar's Office Use Only\*\*\*\*\*

Waiver Effective Terms \_\_\_\_\_ Renewal Required \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_