## Savannah State University APPLICATION FOR OUT-OF-STATE TUITION DIFFERENTIAL WAIVER BORDER STATE RESIDENTS

Prior to submitting a **Border State Residents** out-of-state tuition waiver application, students are advised to review the University System of Georgia Border State Residents out-of-state tuition waiver policy found in Section 7.3.4.1 of the Board of Regents Policy Manual (<a href="https://www.usg.edu/policymanual">www.usg.edu/policymanual</a>). Eligible bordering states are based on the institution of attendance.

Section I – To be o	completed by the STUDENT							
Name:			Student ID:					
Address:								
City:		State:			Zip:			
Email:				Phone:				
Term applying for was	ver: Fall Spring	Summ	ner Year:					
This waiver application is based on your present and permanent home (domicile) in the following eligible state (Alabama, Florida, South Carolina, and Tennessee) bordering Georgia:  State:								
Will the above state have been in your state of domicile 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?								
If Yes: The	f Yes: The above has been your state of domicile since: (mm/yyyy)							
Brie	Briefly describe your reason for moving to the above state:							
Do you hold a current driver's license/state-issued ID?								
Do you own a motor vehicle?			No State registere	ed?				
Are you registered to vote?			No State registere	ed?				
Did you file a state in recent tax year?	come tax return for the most	No State filed?		<del></del>				
Employment Information – Please list all employment for the past two years, including military service. Attach additional sheets if needed.								
From To	Employer	City	State		nours 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 a bordering state for at least 12 consecutive months immediately preceding the first day of classes for the term the waiver is requested?  Yes No								
If Yes:								
	me of the above individual:te of domicile:							
	lationship: Parent [ ver lived outside of the above state?	∐ U.S. co	urt-appointed legal gua Yes No	rdian				
	ver fived outside of the above state?		ies no 🗀					
If Yes:  They have maintained domicile in the above state since:								
Briefly describe their reason for moving to the above state:								
					<del></del> ,			

	Do they hold a current driver's lic	ense/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 re	turn for the most recent tax year?		☐Yes ☐	] No			
If Yes:	State filed?	Were you claimed as a depende	ent?	Yes 🗌	No 🗌			
Section II – ST	UDENT Oath and Affirmation	on						
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 –Do	ocumentation Requirements							
Documentation the immediately preceduring state. E	at domicile has been established eding the first day of classes for the ligible bordering states are based o	and maintained in the eligible be term the waiver is requested an n the institution of attendance.	d docume	entation of c	current domicile in an eligible			
Students who are under the age of 24 must provide documentation related to the domicile of their parent(s) or U.S. court-appointed le guardian.								

## Please include TWO of the following documents:

- 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 (Federal Tax Returns-Florida residents only)

## 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:

(Preferred Method) Email: ssuwaiver@savannahstate.edu (Secondary) Fax: 912-358-4588 **Tuition Classification Officer** Savannah State University 3219 College Street Box 20209

Savannah, Georgia 31404

For questions please contact us at ssuwaiver@savannahstate.edu or Phone: 912-358-4338

Rev. 06/02/17