COLLEGE OF COASTAL GEORGIA
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 (www.usg.edu/policymanual).

Section I – To be completed by the STUDENT

<table>
<thead>
<tr>
<th>Name:</th>
<th>Student ID:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Email:</td>
<td>Phone:</td>
</tr>
</tbody>
</table>

Term applying for waiver:  
☐ Fall  ☐ Spring  ☐ Summer  Year: _____________________

This waiver application is based on your present and permanent home (domicile) in the following eligible state (Alabama, Florida, South Carolina) bordering Georgia:

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.

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>Employer</th>
<th>City</th>
<th>State</th>
<th># of hours worked per week</th>
</tr>
</thead>
</table>

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 (Alabama, Florida, South Carolina) bordering Georgia for at least 12 consecutive months immediately preceding the first day of classes for the term the waiver is requested?  
☐ Yes  ☐ No

If Yes:  

Name of the above individual: _____________________________

State 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 income 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 12 consecutive months immediately preceding the first day of classes for the term the Border State Residents waiver is requested.

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 State Residents waiver is requested.

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.

Examples of supporting documentation include:

• 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
• Copy of federal 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:
Office of Admissions
One College Drive
Brunswick, GA 31520
Phone: 912-279-5730
Email: admis@ccga.edu