

APPLICATION/RENEWAL FOR WAIVER OF NON-RESIDENT FEES
MILITARY PERSONNEL AND THEIR DEPENDENTS

Registrar's Office
University of West Georgia
Carrollton, GA 30118

NAME _____ SSN or Student ID# _____

ADDRESS _____
(Street, City, State, Zip)

SECTION I * (To be completed by all applicants)

I hereby apply for waiver of non-resident fees for _____
(Semester/Yr)
on the basis of _____ active military duty, _____ dependent of military personnel.

If dependent, type of ID card: _____ spouse, _____ child.

ID Card No. _____ Exp. Date _____

SECTION II (To be completed for all applicants by the Custodian of Official Records)

The following named individual is a member of the active armed forces of the United States permanently assigned within the State of Georgia for a period in excess of 90 days.

Name of Military Member _____

Authority _____
(Order Number, Headquarters, Date)

Unit of Assignment _____ Rank _____ SSN _____

Effective date of assignment _____

Period of assignment is reasonably expected to include _____
(Date entered must include the first day of class for requested semester)

Signature _____ Date _____

Rank and Title _____

*Submit copies of orders of assignment to the State of Georgia and dependent ID card (if applicable) with original application. Copies of orders and ID card not required with renewal applications as long as status of military member remains unchanged.

SECTION III (To be completed by military member for dependent child)

I certify that the individual applying for this waiver qualifies as my dependent as defined by the Internal Revenue Code of 1954, as amended (more than 50% support) during the tax year which includes the semester to which this waiver applies.

Military member's signature _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ Yr _____.

NOTARY PUBLIC OR PERSON AUTHORIZED TO ADMINISTER OATHS COMMISSION EXPIRES _____