This section must be completed by all applicants. Please print clearly.

Name __________________________________________________________ Panther ID Number

Last (family name)  First  Middle (optional)  

Address ___________________________________________________ Length of time at this address ________

Number/Street  Years/Months

City  State  Zip Code  County

Telephones: (_____)________ (_____)________ E-mail ____________________________

Area Code  Home  Area Code  Other

Place of Birth ________________________________________________

City  State  Country

Country of Citizenship _________________________________________

If not U.S. Citizen, Visa Type __________________________________

(Attach a copy of both sides of your Permanent Resident Alien Card, 1-94, or other visa paperwork.)

Are you applying for In-State tuition?  ☐ Yes  ☐ No

For the purpose of establishing Georgia residency for tuition and fee payment, your legal residence is your permanent home. Not only must you live in Georgia but you must remain indefinitely. The durational requirement for Georgia residency under the Board of Regents’ regulation is 12 months immediately before the semester for which you intend to enroll. If you entered Georgia to attend an educational institution, the time in school is not normally counted toward the 12-month residency requirement. If you have any questions, please feel free to call 404/413-1452 or e-mail the university’s residence auditor at sphadmissions@gsu.edu.

I wish to be considered a Georgia resident for tuition and fee payment purposes:

☐ Yes (You must complete the resident information on the reverse side of this form.)

☐ No (You must complete the information below.)

NON-GEORGIA RESIDENTS

If you do not consider yourself to be a Georgia resident, please list your home state (if U.S.) or country _____________

and please sign here_________________________________________ Date __________________________

The Board of Regents offers waivers of the non-resident fees based on certain circumstances. Please indicate if you feel that you may qualify for a waiver of the nonresident fees based upon:

☐ employment as a full-time teacher (by you or a supporting parent) in the Georgia public school system

☐ full-time employment in the University System of Georgia (by you, a spouse or a supporting parent)

☐ employment as a career consular officer (by you, a spouse or a supporting parent)

☐ marriage to and dependence on a Georgia resident (for 12 months)

☐ dependence on a parent or guardian who has been a resident for 12 months

☐ military active duty in Georgia (by you, a spouse or a supporting parent); this includes commissioned officers in the Public Health Service stationed in Georgia on active duty
NAME: ________________________________

GEORGIA RESIDENTS

I have lived continuously in GA since _____________. I currently reside in ________ County, GA.

Please indicate all situations that apply in your case:

- (A) I am an independent person who has not been claimed as a dependent on anyone else’s income tax return and provided more than 50% of my income/financial support and I have maintained legal residence in Georgia (including payment of Georgia taxes) for the 12 months prior to the semester for which I intend to enroll.

- (B) I am the child of a Georgia resident or the spouse of a Georgia resident who has maintained legal residence in Georgia for the 12 months prior to the semester for which I intend to enroll.

- (C) I have a legal guardian who has maintained legal residence in Georgia for the 12 months prior to the semester for which I intend to enroll.

- (D) I (or my parents) am in the U.S. military and the home of record is Georgia. The income taxes are filed with and paid to the State of Georgia.

- (A) I am an Independent Person who has not been claimed as a dependent on anyone else’s income tax return and provided more than 50% of my income/financial support and I have maintained legal residence in Georgia (including payment of Georgia taxes) for the 12 months prior to the semester for which I intend to enroll.

Please note:
The following circumstances alone do not constitute sufficient evidence to effect classification as a resident under Regents’ policies but may assist in determining your residency.

Do you:
- have a driver’s license? Yes ☐ No ☐
- If yes, in which state is it registered?
- own a motor vehicle? Yes ☐ No ☐
- If yes, in which state is it registered?
- have a voter registration? Yes ☐ No ☐
- If yes, in which state are you registered?
- State income taxes filed in past year? Yes ☐ No ☐
- If yes, in which state did you file?

If you answered yes to any of the above and the state is not Georgia, please attach an explanation and return it with this form.

If you did not graduate from a Georgia college or came to Georgia in the last two years, please tell us why you came to Georgia and your plans for the future.

List all employment for the past two years:

<table>
<thead>
<tr>
<th>Employer</th>
<th>Location (City and State)</th>
<th>From (month/year)</th>
<th>To (month/year)</th>
<th>Full-time</th>
<th>Part-time (Approx. # of hours per week)</th>
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List all educational institutions attended during the past two years:

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<th>Institution</th>
<th>Location (City and State)</th>
<th>From (month/year)</th>
<th>To (month/year)</th>
<th>Full-time</th>
<th>Part-time (Approx. # of hours per week)</th>
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I understand that any material false statement made knowingly and willfully 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 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.

Signature ________________________________ Date ________________________________