

RESIDENCY INFORMATION**SCHOOL OF PUBLIC HEALTH
GEORGIA STATE UNIVERSITY**

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

GEORGIA RESIDENTS CONTINUE ON REVERSE SIDE

NAME: _____

GEORGIA RESIDENTS

I have lived continuously in GA since I currently reside in _____ County, GA.
month day year

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.

According to the U.S. Immigration and Naturalization Service. I am a Permanent Resident Alien or other legal alien granted indefinite stay and I also qualify for 'A' 'B' 'C' 'D' above (I will attach a copy of my visa paperwork: 1-20, 1-55, 1-51, passport, etc.)

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:

Employer	Location (City and State)	From (month/year)	Dates To (month/year)	Full-time (Approx. # of hours per week)	Part-time
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

List all educational institutions attended during the past two years:

Institution	Location (City and State)	From (month/year)	Dates To (month/year)	Full-time (Approx. # of hours per week)	Part-time
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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 _____