

Application for Certification of Georgia Residency

The Academic Common Market is a cooperative tuition-reduction agreement among the Southern Regional Education Board states. If public institutions in Georgia do not offer degree programs in your field of study, it may be possible to arrange a waiver of out-of-state tuition to attend a cooperating public institution of higher education in another participating state.

General Instructions

- 1. The following form must be submitted for residency certification after the student has been accepted to the specific degree program.
- 2. A copy of the student's Letter of Admission to the particular Program (the major must be stated) must be sent along with this completed *request*.
- 3. Annual re-certification is not required as long as the student's enrollment is continuous.
- 4. Each appropriate item must be completed before a student's eligibility for out-of-state tuition aid can be determined.
- 5. Completed application with notarized signature, Judge's signature and a copy of the student's Letter of Admission (to the particular program) should be sent via certified mail.

MAIL TO:

The Board of Regents of The University System of Georgia Academic Common Market Coordinator 270 Washington St., SW Suite 7096 Atlanta, GA 30334

GEORGIA ACADEMIC COMMON MARKET APPLICATION Certification of Georgia Residency

		Applicant inform	nation	
Full Name:				
	Last		First	M.I.
Birth Date:		Place of Birth:		
Address:				
Address.	Street Address			Apartment/Unit #
	City		State	ZIP Code
Parents' Address:				
Taronio / taarooo.	Street Address			Apartment/Unit #
	City		State	ZIP Code
Home Phone:		Alternate I	Phone:	
Email				
High School Attended	i:			
Last 4 digits of SSN	XXX-XX-			
	A a a da mia Ca	Maulast D		
	Academic Co	ommon Warket P	rogram Information	
Institution			State	
		ijor / Program		
Degree (eg. BA, BS)	Co	ncentration		
			_	
Requesting certification	on starting semester	Fall Spri	ng Summer	20
Have you been fully a without conditions	admitted to the major	VES NO	Will you oproll fulltime?	VES NO
without conditions			-	YES NO
	S	upplemental Info	ormation	
0 15 11				
Current Residence M	aintained Continuously	/ since (Month/Year)		
Most Recent Driver's	License Issued by Wh	ich State:		
		-		
Automobile(s) (if Any)	Registered In Which	State:		
Dates of last full-time	employment (Inclusive	e Dates)		State
Company				

If Married, Name of Spouse and Address			
If Spouse employed, where			
Year and State for which last State Income Tax Retu	urn was filed		
State of Residence Claimed on last State Income Ta	ax Return		
State of Residence Claimed for whole or part year			
Last year Homestead Exemption was claimed on a home in State/ Residence			
In which State were you last registered to vote	Date		
Military Service	Home of Record		
Not	ary Signature		
I do solemnly declare and affirm under penalties is true and accurate for the purpose of assisting and that all supporting documents attached here	the said official in determ	nining my legal residency status;	
Sworn to and subscribed before me this	day of	, 20	
Applicant Signature		Date	
Notary Public Signature		Date	
Certificate of	Residency Certificat	ion	
The following certificate must be executed by a Ju (Contact your local county courthouse and ask for			
Based on the above inform	ation, I hereby certify that,	in my opinion	
	Student Name)		
is and has been a legal resident of the State of GEO	ORGIA for the past twelve	(12) months or more.	
Signature of Official			
Title:	Date:		