



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 to:

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

Application DEADLINE:

Fall Semester	by June 30 th
Spring Semester	by November 15 th
Summer Semester	by April 1 st

****MINIMUM FOUR WEEK PROCESSING TIMEFRAME****

FAXES AND ELECTRONIC COPIES ARE NOT ACCEPTED!

GEORGIA ACADEMIC COMMON MARKET APPLICATION
Certification of Georgia Residency

Applicant Information

Full Name: _____
Last _____ *First* _____ *M.I.* _____

Birth Date: _____ Place of Birth: _____

Address: _____
Street Address _____ *Apartment/Unit #* _____

City _____ *State* _____ *ZIP Code* _____

Parents' Address: _____
Street Address _____ *Apartment/Unit #* _____

City _____ *State* _____ *ZIP Code* _____

Home Phone: _____ Alternate Phone: _____

Email _____

High School Attended: _____

Last 4 digits of SSN **XXX-XX-** _____

Academic Common Market Program Information

Institution _____ State _____

Degree (eg. BA, BS) _____ Major / Program Concentration _____

Requesting certification starting semester Fall _____ Spring _____ Summer _____ 20 _____

Have you been fully admitted to the major without conditions YES ___ NO ___ Will you enroll fulltime? YES ___ NO ___

Supplemental Information

Current Residence Maintained Continuously since (Month/Year) _____

Most Recent Driver's License Issued by Which State: _____

Automobile(s) (if Any) Registered In Which State: _____

Dates of last full-time employment (Inclusive Dates) _____ State _____

Company _____

If Married, Name of Spouse and Address _____

If Spouse employed, where _____

Year and State for which last State Income Tax Return was filed _____

State of Residence Claimed on last State Income Tax 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 _____

Notary Signature

I do solemnly declare and affirm under penalties of perjury, that the information I provided in this application is true and accurate for the purpose of assisting the said official in determining my legal residency status; and that all supporting documents attached hereto are true and complete copies of the original documents.

Sworn to and subscribed before me this _____ day of _____, 20 _____

Applicant Signature _____ Date _____

Notary Public Signature _____ Date _____

Certificate of Residency Certification

The following certificate must be executed by a Judge of the Highest Court in the county of your legal residence.
(Contact your local county courthouse and ask for the Superior Court Judge, they should guide you from there)

Based on the above information, I hereby certify that, in my opinion

(Student Name)

is and has been a legal resident of the State of GEORGIA for the past twelve (12) months or more.

Signature of Official _____

Title: _____

Date: _____