



## 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 May 30 <sup>th</sup>
Spring Semester	by November 15 <sup>th</sup>
Summer Semester	by April 1 <sup>st</sup>

\*\*\*\*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: \_\_\_\_\_