



UNIVERSITY SYSTEM OF GEORGIA

APPLICATION ERROR CORRECTION FORM

SECTION I: TO BE COMPLETED BY ALL STUDENTS

First Name: _____ Last Name: _____

Date of Birth: _____ Student ID: _____

Citizenship Status: U.S. Citizen
 U.S. Lawful Permanent Resident or other eligible noncitizen for federal student aid purposes
Other eligible noncitizen status: _____
 Other

Mailing Address: _____

Phone: _____ Email: _____

Indicate the term you plan to enroll: FALL 20____ SPRING 20____ SUMMER 20____

I, _____, completed the tuition classification section of my admission application incorrectly. Please accept the corrected information on this form to determine my tuition classification.

Please describe the error you made on your admission application: _____

1. Are you applying for in-state tuition? Yes No
2. Is your permanent address the same as your mailing address? Yes No
If no, what is your permanent address? _____
3. As of the first day of classes for the term you plan to enroll, will Georgia have been your present and permanent home (domicile) for at least 12 consecutive months? Yes No
4. Have you resided outside of Georgia? Yes No
If yes, when did you begin continuously residing in Georgia? _____ (MM/YYYY)
What was your primary reason for moving to the state? _____
5. Do you have a current driver's license or state-issued ID? Yes No
If yes, where was it issued? _____
6. Do you have a current motor vehicle registration? Yes No
If yes, where is it registered? _____
7. Are you registered to vote? Yes No
If yes, where are you registered? _____
8. Did you file a state tax return for the most recent tax year? Yes No
If yes, tax year? _____ In which US state/territory did you file? _____
Residency status filed? Full-Year Resident Part-Year Resident Nonresident
9. Have you held any part or full time employment in the last 2 years? No Yes-Part Time Yes-Full Time
If yes: Employment Start Date: _____ (MM/YYYY) Are you still employed? Yes No

SECTION II: TO BE COMPLETED BY STUDENTS UNDER THE AGE OF 24.

1. As of the first day of classes for the term you plan to enroll, will Georgia have been the present and permanent home (domicile) of one or both of your parents or U.S. court-appointed legal guardian for at least 12 consecutive months? Yes No

Please provide the following information regarding that person:

Relationship to you: Parent U.S. court-appointed legal guardian (court documentation required)

First Name: _____ Last Name: _____

2. What is their permanent address? _____

3. Have they resided outside of Georgia? Yes No

If yes, when did they begin continuously residing in Georgia? _____ (MM/YYYY)

What was their primary reason for moving to the state? _____

10. Do they have a current driver's license or state-issued ID? Yes No

If yes, where was it issued? _____

11. Do they have a current motor vehicle registration? Yes No

If yes, where is it registered? _____

12. Are they registered to vote? Yes No

If yes, where are they registered? _____

13. Did they file a STATE income tax return for the most current tax year? Yes No

If yes, tax year? _____ In which US state/territory did they file? _____

Residency status filed? Full-Year Resident Part-Year Resident Nonresident

Were you claimed as a dependent? Yes No

14. Did they file a FEDERAL income tax return for the most current tax year? Yes No

If yes, tax year? _____ Were you claimed as a dependent? Yes No

15. Are you a student from a homeless situation as defined by Georgia Code Section 20-3-66(4)? Yes No

SECTION III: TO BE COMPLETED BY ALL STUDENTS

Verification and Acknowledgement

After reading and confirming, sign your name below as you would sign an official document.

I understand that every student requesting an in-state tuition classification must be verified to be lawfully present in the United States and additional documentation may need to be submitted to meet this requirement.

Further, I understand that any material false statement made knowingly and willfully by me on this form, 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 \$1000 or by imprisonment for not less than one or more than five years, or both, subject me to the prosecution in a court of law. Additionally, I further understand that any such false statement may subject me to denial of admission or 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.

Student Signature

Date

Staff Use Only: Review Notes: _____

Documentation Needed: CITZ: _____ VLP: _____ GDP: _____ SB107: _____ OTHER: _____

Date: _____ Decision: _____