



Full-time USG Employees

Tuition Differential Waiver

Valid for one year upon approval

Return to:
 GHC Registrar's Office
 3175 Cedartown Hwy.
 Rome, GA 30161
 FAX: 706-295-6341

This waiver is applicable to **Full-time University System of Georgia employees**, their **spouse**, and/or their **dependent children**.

Check semester applying for: ___ Spring (January) ___ Summer (May/June) ___ Fall (August)

Student's Name: _____ GHC ID # _____

Address: _____

Street

City

State

Zip

Phone Number: _____ Email: _____

Waiver application is based on full-time USG employment of: _____

Full-time USG employee's name/Relationship

Name of employer: _____ Employer phone number: _____

Employer address: _____

Street

City

State

Zip

Date of Employment: _____

Documentation to submit with this application:

ALL applicants must provide one of the following:

- An official letter on letterhead from the appropriate human resources office of a unit of the University System of Georgia (USG) verifying current, full-time USG employment; or
- An employment verification form from the appropriate human resources office of a unit of the University System of Georgia (USG) verifying current, full-time USG employment.

Applying based on a PARENT (students under the age of 24 only) must also include:

- Copy of the birth certificate for the student listing the individual with qualifying employment as their parent; or
- Copy of the federal income tax return filed by the individual with qualifying employment for the most recent tax year listing the student as a dependent child.

Applying based on a U.S. court-appointed LEGAL GUARDIAN (students under the age of 24 only) must also include:

- Copy of U.S. court documentation listing the individual with qualifying employment as the guardian of the student; or
- Copy of the federal income tax return filed by the individual with qualifying employment for the most recent tax year listing the student as a dependent child.

Applying based on a SPOUSE must also include:

- Copy of the marriage certificate for the individual with the qualifying employment and the student; or
- Copy of a jointly filed federal tax return filed by the individual with the qualifying employment for the most recent tax year listing the student as a spouse. Or, a copy of a jointly filed federal income tax return filed by the student for the most recent tax year listing the individual with the qualifying employment as a spouse.

I understand that any material false statement made knowingly and willingly 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 not 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. I certify that, to the best of my knowledge, the information submitted on this application is true and complete.

 Student Signature

 Date

Deadline for Waiver and all documentation to be submitted is the last day of registration for the term waiver is being requested.