



**The University of Georgia**  
**Office of International Education**  
**OUT-OF-STATE TUITION WAIVER APPLICATION**

Office of International Education  
 110 E Clayton Street  
 Bank of America Building  
 Suite 416  
 Athens, Georgia 30602  
 Tel: 706-425-2946  
 Fax: 706-425-3152  
 Email: [waiver@uga.edu](mailto:waiver@uga.edu)  
[www.uga.edu/oie](http://www.uga.edu/oie)

The University of Georgia offers out-of-state tuition waivers based upon financial need. These Regents' waivers are intended to help international students experiencing financial duress complete their degree objective. These waivers must be re-applied for every academic year (if requesting a full academic year of support) or every semester (if only requesting one semester of support) and may be held for a maximum of two academic years per degree objective. These waivers are not intended to support a student's entire course of study at the University; rather, they are to help students whose financial situations have changed complete their degree objective. To be eligible to apply, applicants must meet the requirements below. **Applications must be typewritten.**

**Criteria for Eligibility:**

1. Students enrolled full-time at UGA for a minimum of one academic year (two semesters)
2. Students who are F-1 OR J-1 visa holders

**Priority is given to applicants who meet the following criteria:**

1. Students who have earned 48 undergraduate, 18 master's or 36 doctoral credit hours in their current degree program
2. Students who have a cumulative grade-point average of at least 2.75 as an undergraduate or 3.5 as a graduate

**Additional Required Documentation**

Attach all documents to this application form before submitting to the Office of International Education (OIE). Copies will not be made in OIE.

**Incomplete Applications will not be considered.**  
**Late Applications will not be considered.**

1. One page Statement of financial need (use attached form or attach separate sheets).
2. Copy of I-20 or DS-2019
3. Letter of recommendation from a UGA Faculty member.
4. Copies of student's bank statements from the past three months (Internet-printed copies are valid.)
5. Academic Transcript

Please check the Academic Term(s) for which you are applying. Late Applications will not be considered.

J	Academic Year / Semester	Application Deadline	Decision Notice Date
	Academic Year 2009-2010	March 24, 2009	May 8, 2009
	Fall 2009 <b>Only</b>	March 24, 2009	May 8, 2009
	Spring 2010 <b>Only</b>	October 22, 2009	December 8, 2009

Student Name: \_\_\_\_\_ UGA ID#: \_\_\_\_\_  
 Surname (Family Name) Given Name

**FOR OFFICE USE ONLY:**

Date Received: _____  By: _____	Notes: _____ _____ _____ <div style="text-align: center;"> <input type="checkbox"/> Approved           <span style="margin-left: 200px;"><input type="checkbox"/> Denied</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Date</span> <span>Signature</span> </div>
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## I. PERSONAL INFORMATION

Last (Family) Name \_\_\_\_\_ Given (First) Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Local Address \_\_\_\_\_ Apt.# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Gender:  Female  Male Marital Status:  Married  Single Date of Birth: \_\_\_\_\_

City & Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Visa Type: \_\_\_\_\_

## II. ACADEMIC INFORMATION

Date Matriculated at UGA: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Current Degree Program (Check one):  Undergraduate  Graduate

Major/field of study: \_\_\_\_\_ Degree Pursued: \_\_\_\_\_

GPA: \_\_\_\_\_ Credit Hours Earned: \_\_\_\_\_

## III. FINANCIAL INFORMATION

Sources of financial support: (check all that apply) These should match budget worksheet on next page.

<input type="checkbox"/> Scholarship/fellowship _____	Sponsor Name _____	Amount USD _____
<input type="checkbox"/> Assistantship/stipend _____	Sponsor Name _____	Amount USD _____
<input type="checkbox"/> Employment _____	Employer Name _____	Amount USD _____
<input type="checkbox"/> Family/Spouse _____	Relationship _____	Amount USD _____
<input type="checkbox"/> Educational Loan _____	Agency _____	Amount USD _____
<input type="checkbox"/> Other _____	Type/Name _____	Amount USD _____

Have you applied for Economic Hardship through the International Student, Scholar and Immigration Services?  Yes  No

If yes, was it approved?  Yes  No Date Approved \_\_\_\_\_

Have you ever been awarded an Out-of-State Tuition Waiver?  Yes  No

If yes, which office awarded you this waiver? List semesters of award: \_\_\_\_\_

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Student Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

**IV. PERSONAL BUDGET**

1. Estimated Income and Financial Support (in U.S. Dollar Amounts) for Semesters or Academic Year for which you are applying. Please complete the budget for the term for which you are applying for a waiver.

	Fall Only	Spring Only	Academic Year
1. Personal and/or family support	_____	_____	_____
2. Government Sponsor or Loan Agency	_____	_____	_____
3. Scholarship/assistantship	_____	_____	_____
4. Income from Employment	_____	_____	_____
5. Other: _____	_____	_____	_____
<b>Total Financial Support</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

2. Estimated Expenses

	Fall Only	Spring Only	Academic Year
1. Tuition and Fees	_____	_____	_____
2. Housing	_____	_____	_____
3. Food	_____	_____	_____
4. Car/Transportation	_____	_____	_____
5. Books and Supplies	_____	_____	_____
6. Miscellaneous	_____	_____	_____
7. Child Care	_____	_____	_____
8. Other Expenses	_____	_____	_____
<b>Total Expenses</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

Student Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

**V. STATEMENT OF FINANCIAL NEED**

Explain in detail your need for financial assistance. Include any recent change in your financial situation and explain why you cannot obtain the total amount of funding necessary. Use the backside or attach additional sheets if necessary. Do not forget to attach the supporting documents listed on page one. **(Must be typewritten)**

I certify that all the information given in this application is true and accurate to the best of my knowledge. I will inform the Office of International Education if there are any changes in the financial information I have provided. I understand that making false statements within this certification of financial need may result in disciplinary action and loss of financial aid.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

Send complete applications with all supporting materials to:

Adrianna Horne, OIE, 110 E Clayton Street, Bank of America Building, Suite 416, Athens, GA 30602, 706-425-2946. You may email questions to: [waiver@uga.edu](mailto:waiver@uga.edu)

**DO NOT SUBMIT THIS APPLICATION VIA EMAIL. APPLICATIONS RECEIVED VIA EMAIL WILL NOT BE CONSIDERED. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**