

**ABRAHAM BALDWIN AGRICULTURAL COLLEGE
APPLICATION FOR OUT OF STATE TUITION DIFFERENTIAL WAIVER
ACADEMIC COMMON MARKET**

As of the first day of classes for the term, an Academic Common Market waiver may be granted for students meeting the criteria for such waiver.

Please complete the following section:

Student's Name _____ ABAC ID# 918- _____

Address _____ Phone _____
Street City State Zip

Major: _____

Term Applying for: Fall Spring Summer 201____

I understand that I must notify ABAC immediately of a change of major. I also understand this waiver, if approved, is valid for only the semester noted above and I must re-submit this waiver request each semester.

Student's Signature _____

_____ Date

Submit completed form and the necessary documentation to:

Dr Niles Reddick
Abraham Baldwin Agricultural College
ABAC 9
2802 Moore Hwy
Tifton, GA 31793-2601
229-391-4782 phone
229-391-4781 fax

For ABAC use only:

A waiver for out of state fees has been approved for the above noted student and term.

Authorizing Signature _____

_____ Date