

## PETITION FOR GEORGIA RESIDENCE CLASSIFICATION

Name:	Last	First	Middle	Maiden
Social Security Number:	Date:			

Please submit petition to: <b>Office of Admissions</b> <b>ABAC 4</b> <b>2802 Moore Hwy</b> <b>Tifton, Georgia 31793-2601</b>	<b>PLEASE NOTE: This petition will not be reviewed unless all pertinent questions are answered and necessary attachments are provided. Please type or print legibly.</b>
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Abraham Baldwin Agricultural College is required, under the guidelines established by the Regents of the University System of Georgia, to determine the residence classification **for fee payment purposes** of all applicants/students of ABAC. A copy of the Regents' Requirements for Student Residency for fee payment purposes is attached to this petition (see page 9).

This petition should be submitted only by those individuals who have already been notified that they, based on the evidence already submitted, are not classified as residents of the state of Georgia for fee payment purposes. The purpose of this petition is to allow the applicant/student the opportunity to provide further information regarding his/her claim to resident status. Items requested on this petition are all factors that may be taken into consideration in further review of the residence status. If an individual item is not applicable, please indicate. Your signature, certifying the the information is true and complete, must be officially witnessed by a notary public. If you do not have a notary public available to you, one is available for this purpose in the Enrollment Services Office. ABAC reserves the right of requiring additional data from the petitioner if necessary to make a reasonable decision. After your petition, including all necessary attachments, is received it will be reviewed as soon as possible, and you will be notified of the decision by ABAC. At that time, you will also be given information on your appeal rights should the decision still be unfavorable to you and you desire further review. Please call if you have any questions or comments.

PERSONAL DATA	
Name (last, first, middle, maiden):	
Social Security Number:	Date of Birth:
Present Mailing Address:	
Permanent Home Address:	
Home Telephone Number:	Work Telephone Number:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	
If married:	Name of Spouse: Date of Marriage: Place of Marriage:

**PERSONAL STATEMENT**

I hereby submit this petition requesting resident status for fee payment purposes to begin in:  
 Fall (August)       Spring (January)       Summer (June)

I claim that my permanent residence in Georgia began on \_\_\_\_\_.  
(Month/Day/Year)

My former permanent residence was in the state of:

My absences from Georgia (other than for vacation or visitation of two weeks or less) after the date I claim my permanent residence began and the purposes of the absences were:

Dates		Location Visited City/State	Reason For Visit
From	To		

In the space provided below, and if necessary, continued on an attachment to this petition, provide a clear and complete statement covering the following items and any other facts and circumstances which, in your opinion, establish your legal residence in Georgia:

Purpose in coming to/remaining in Georgia on the date given above:

When you decided to become a permanent resident of Georgia:

Immediate and long-range plans:

Reasons why you expect to move out of the state after completing your studies or to remain in Georgia indefinitely:

**EMPLOYMENT DATA**

Please list all employment for the past four years:

Dates		Employer	City	State	Average Number of Hours Worked Per Week
From	To				

Attach original, official letters verifying employment in Georgia during the past 12 months, indicating whether this employment is full-time or part-time. (If less than 40 hours per week, indicate number of hours.)

**EDUCATIONAL DATA**

First attendance at ABAC (semester/year):

Number of Hours Enrolled In:

Most Recent Attendance at ABAC (semester/year):

Number of Hours Enrolled In:

Education attendance for past four years (include high school and ABAC if appropriate):

Dates		Educational Institution	City/State	Part-Time	Full-Time	Residence Status for Fee Payment Purposes
From	To					

**HOUSING INFORMATION**

Present type of housing:  
 House  Dormitory  Apartment  Room  Other Specify

Date of lease or purchase of home:

If renting, length of lease:  12 months  9 months  Other Specify

If renting:  Furnished  Unfurnished

Please list your dwelling addresses for the past four years:

Dates		Street Address	City	State	Type of Housing
From	To				

**TAX INFORMATION**

Georgia State Individual Income Tax Returns (not property) filed for the following years:  
 \_\_\_\_\_ (Attach certified copy of most recent Georgia State Individual Income Tax Return)

Taxes paid to other states in the past four years (amount and type):

Residence as shown on federal income tax return for most recent year:

County in Georgia to which property tax was paid during the most recent year:

**MILITARY RECORD**

Veteran of military service:  Yes  No  
 If yes, branch of service:

Service dates: from \_\_\_\_\_ to \_\_\_\_\_

Classified as a Georgia veteran:  Yes  No  
 If yes, date classified:

Home of Record:

State designated to receive earnings report:

**DATA ON NON-U.S. CITIZENS**

Country of Citizenship \_\_\_\_\_ Type of Visa \_\_\_\_\_

Date visa received allowing permanent residence in the U.S. \_\_\_\_\_ (Attach copy of visa)

**FINANCIAL SUPPORT**

Sources of support during the preceding 12 months (in percentages of total support or actual dollars):

Parents \$ \_\_\_\_\_ / \_\_\_\_\_ %  
 Spouse \$ \_\_\_\_\_ / \_\_\_\_\_ %  
 Employment (during school) \$ \_\_\_\_\_ / \_\_\_\_\_ %  
 Employment (during summer) \$ \_\_\_\_\_ / \_\_\_\_\_ %  
 GI Bill \$ \_\_\_\_\_ / \_\_\_\_\_ %  
 Loans \$ \_\_\_\_\_ / \_\_\_\_\_ %  
 Savings \$ \_\_\_\_\_ / \_\_\_\_\_ %  
 Trust Funds \$ \_\_\_\_\_ / \_\_\_\_\_ %  
 Relatives \$ \_\_\_\_\_ / \_\_\_\_\_ %  
 Gifts \$ \_\_\_\_\_ / \_\_\_\_\_ %  
 Student Financial Aid \$ \_\_\_\_\_ / \_\_\_\_\_ %  
 Other \$ \_\_\_\_\_ / \_\_\_\_\_ % Specify

If supported by a trust fund, state to which the trust fund pays income tax:

State/federal educational guaranteed loans now held or have been applied for:

Guaranteed through which state:  
 Date obtained/requested:  
 Dates renewed:

**PARENTAL / FAMILY INFORMATION**

Father's Name:

Father's Address:

Mother's Name:

Mother's Address:

If parents' addresses are different, please explain:

Were you claimed by your parent(s) as a dependent for state/federal individual income tax purposes in the most recent calendar year: [ ] Yes [ ] No If yes, attach copy of this state/federal return.

If parents were ever legal residents of Georgia, give addresses and dates of residence:

Dates		Street Address	City	State
From	To			

Name of court appointed legal guardian:

Address:

Date of appointment:

Name of Court:

Other relatives who reside permanently in Georgia and consider themselves Georgia residents:

Dates		Name	Relationship	Street Address	City	State
From	To					

MISCELLANEOUS DATA			
Georgia professional and occupational licenses held:			
Profession/Occupation	Type	Date Issued	
Date of last registration to vote in Georgia: County: _ Date last voted in Georgia:			
Organizations and activities in which you participate (social, business, community, church, etc.):			
Dates		Name	City
From	To		
Since you last registered to vote in Georgia, have you subsequently registered to vote in another state: [ ] Yes [ ] No			
Do you regularly operate a motor vehicle: [ ] Yes [ ] No Date you began to regularly operate a motor vehicle in Georgia: This vehicle is registered to: In the state of: Date registered: Insurance of vehicle carried in the state of _____ since			
Date most recent valid motor vehicle driver's license obtained: If Georgia license, number of consecutive years valid driver's license held:			
If holding motor vehicle driver's license in another state: State: Date obtained: Expiration date: _			

**PERSONAL STATEMENT**

The undersigned hereby swears or affirms to the authenticity of the information provided on all pages of this affidavit. I understand that any false or misleading information on the affidavit will jeopardize my admission or right to continue in the college. I also authorize Abraham Baldwin Agricultural College to review or examine any and all documents and records, uncluding my confidential loan forms and related data, which may assist in clarifying my residence status.

SUBSCRIBED AND SWORN TO BEFORE ME THIS DAY OF 200

NOTARY PUBLIC COMMISSION EXPIRES

\*SIGNATURE OF PERSON MAKING AFFIDAVIT:

\*The affiant should note before signing that any willfully false statements made herein may result in prosecution for violation of Georgia Laws 1978, pp. 1249, 1310, which states that conviction of false swearing shall be punished by a fine of not more than \$1,000, or imprisonment for not less than one or more than five years, or both.

**FOR OFFICE USE ONLY - PLEASE DO NOT WRITE IN THIS SPACE**

Petition is:  Approved  Denied

By \_\_\_\_\_ Date

Effective semester:  Fall (August)  Spring (January)  Summer (June)




## **403 STUDENT RESIDENCY**

### **403.01 OUT-OF-STATE ENROLLMENT**

Each University System institution is required to file an annual report detailing the number of out-of-state students enrolled during the previous academic year (BR Minutes, April, 1995, p. 21).

### **403.02 CLASSIFICATION OF STUDENTS FOR TUITION PURPOSES**

- (1) If a person is 18 years of age or older, he or she may register as an in-state student only upon showing that he or she has been a legal resident of Georgia for a period of at least 12 months immediately preceding the date of registration. Exceptions:

A student whose parent, spouse, or court-appointed guardian is a legal resident of the State of Georgia may register as a resident providing the parent, spouse, or guardian can provide proof of legal residency in the State of Georgia for at least 12 consecutive months immediately preceding the date of registration.

A student who previously held residency status in the State of Georgia but moved from the state then returned to the state in 12 or fewer months.

Students who are transferred to Georgia by an employer are not subject to the durational residency requirement.

- (2) No emancipated minor or other person 18 years of age or older shall be deemed to have gained or acquired in-state status for tuition purposes while attending any educational institution in this state, in the absence of a clear demonstration that he or she has in fact established legal residence in this state.

If a parent or legal guardian of a student changes his or her legal residence to another state following a period of legal residence in Georgia, the student may retain his or her classification as an in-state student as long as he or she remains continuously enrolled in the University System of Georgia, regardless of the status of his or her parent or legal guardian.

In the event that a legal resident of Georgia is appointed by a court as guardian of a nonresident minor, such minor will be permitted to register as in-state student providing the guardian can provide proof that he or she has been a resident of Georgia for the period of 12 months immediately preceding the date of the court appointment.

Aliens shall be classified as nonresident students, provided, however, that an alien who is living in this country under an immigration document permitting indefinite or permanent residence shall have the same privilege of qualifying for in-state tuition as a citizen of the United States.