To be considered for an out-of-state waiver, the following minimum conditions must be met. The student must:

1. Have earned a 2.5 high school GPA as calculated by the ABAC Admissions Office and/or demonstrated outstanding leadership, community service, or extra-curricular activities. Transfer students must have earned a minimum transfer GPA of 2.5 as calculated by the ABAC Admissions Office. Transcripts are required. This requirement does not apply to international students attending ABAC on a visa.

2. Successfully complete all admissions requirements and be fully and unconditionally admitted to the college.

3. Live in on-campus housing. Contact ABAC Housing at 229-391-5140 for housing questions/assistance. You may apply online at: www.abac.edu/housing

4. Apply for financial aid at ABAC by submitting a completed Free Application for Federal Student Aid (FAFSA). This requirement does not apply to international students attending ABAC on a visa.

   Contact the Financial Aid Office at 229-391-4910 for questions or assistance in submitting the financial aid application. You may apply online on the Web at: www.fafsa.ed.gov and use ABAC’s Title IV School Code (001541). This number must be used when completing the FAFSA in order for ABAC to receive your financial aid application.

5. Maintain full time status (12 hours) for Fall and Spring Semesters.

Continued Eligibility

Once awarded, the waiver is valid for one academic year. Students must apply each year they wish to receive a waiver.

1. Students must complete an associate degree in 3 years and a bachelor degree in 5 years to maintain waiver.

2. Students must maintain a minimum cumulative institutional GPA of 2.5.

3. Students receiving waivers must live in on-campus housing, except in extenuating circumstances as approved by the waiver committee. Contact ABAC Housing at 229-391-5140 for housing questions or assistance. You may apply for online at: www.abac.edu/housing

4. Financial aid status at ABAC must be kept current by completing the FAFSA for each year in which a waiver is requested. This requirement does not apply to international students attending ABAC on a visa.

   Contact the Financial Aid Office at 229-391-4910 for questions or assistance in submitting the financial aid application. You may apply online on the Web at: www.fafsa.ed.gov and use ABAC’s Title IV School Code (001541). This number must be used when completing the FAFSA in order for ABAC to receive your financial aid application.

5. Students must maintain disciplinary as well as academic standards. Failure to adhere to ABAC’s Student Code of Conduct (located at www.abac.edu/ses/handbook/conduct.htm) may result in loss of waiver.

6. Maintain full time status (12 hours) for Fall and Spring Semesters.

If you have questions, please call the Office of Enrollment Management at 229-391-5018 or email bjernigan@abac.edu.

ABAC Waiver Committee --- Revised 8/2015
ABRAHAM BALDWIN AGRICULTURAL COLLEGE  
PRESIDENTIAL WAIVER APPLICATION

Student Name: ___________________________________________ Student ID #: __________________________

Citizenship: __________________________________________

Permanent Home Address: __________________________________________

   City, State, Zip: __________________________________________

   Cell Phone Number: __________________________________________

   Home Phone Number: __________________________________________

Local ABAC Address: __________________________________________

   Residence Hall and Room Number: __________________________

Planned Academic Major: __________________________________________

Is this your first semester at ABAC? _____Yes _____No   (If No, give first semester attended.) __________________________

This waiver application is for which term? __________________________

(Please note. Waiver applications are only valid for one term. You must apply each term you wish to receive a waiver.)

Describe your financial situation. Include any unusual or extenuating circumstances to support your need for a waiver.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

My signature below acknowledges that I have received a copy of the letter and policy detailing the requirements for eligibility. I understand to be considered for an out-of-state/nation tuition differential waiver, I must meet these conditions.

If non-U.S. Citizen, tuition differential waiver will be pending until all required documentation has been received by the Office of Enrollment Management.

________________________________________

Student Signature

ABAC Sponsor’s Signature for Athletes or CAMP Students

Date Signed by Student

----- For Office Use Only  Do not write below this line. For Office Use Only -----

<table>
<thead>
<tr>
<th>CUR GPA</th>
<th>CUM GPA</th>
<th>ACT/SAT</th>
<th>Campus Housing</th>
<th>FASFA on File</th>
</tr>
</thead>
</table>

Date Application Received in the Office of Enrollment Management

Return Application To:

Ms. Brooke Jernigan  
Office of Enrollment Management  
Abraham Baldwin Agricultural College  
ABAC 4, 2802 Moore Hwy.  
Tifton GA 31793-2601  
Phone: 229-391-5018    Fax: 229-391-5002