

Supplemental Residency Questionnaire

This form is used as a means to correct errors made on the residency portion of Georgia College's electronic application for admission. This form is NOT a Petition for Georgia Residence Classification and should not be used for the establishment of a residency classification for tuition and fee payment purposes. If you have any questions, please contact the Office of Admissions at 478-445-2771.

Name:	Date of Birth:		
Mailing Address:			
City:	State:	Zip:	
Phone Number: E-mail	address:		
Application Date: Application Term:	□ Fall □ Spri	ng 🗆 Summer	Year:
Please answer each question. Failure to answer each of <u>out-of-state</u> for tuition purposes and require addit state for tuition purposes. This form is NOT VALID w	ional informatior	be submitted in or	der to be re-classified as in-
University System of Georgia students are responsil general, classification of in-state status for tuition presidency and domicile in Georgia for 12 consecutiv	urposes requires	an individual to h	
Residency is defined as 'the state and country where Georgia and may be classified as having established classification of taxpayer status but does not meet the	Georgia residenc	for securing marit	al status, a driver's license, or
Domicile is defined as 'A person's present, permaner which that individual returns following periods of ter establishment of one's domicile. To acquire domicile or indefinitely.	mporary absence	. Temporary reside	ence does not constitute the
(1) According to the definitions above, have you estator at least 12 consecutive months immediately precented in Yes □ No If yes, please indicate your Georgia county of residents.	eding the first da	y of classes for the	term in which you plan to
(2) Have you ever lived outside the state of Georgia? If yes, what state did you last live in?			
Have you lived in Georgia continuously for the past 1 If yes, please provide the length of time you have con Years: Months:	ntinuously reside		=

(3) If you have lived outside the state of Georgia, what was your primary reason for moving to the state?
(4) Have you attended a Georgia high school for at least one year? ☐ Yes ☐ No If yes, please provide the name and city of the high school. Name:
City:
(5) Have you graduated, or will you graduate from a Georgia high school? Yes No If yes, please provide the name and city of the high school. Name: City:
(6) Do you hold a driver's license or state-issued ID? □ Yes □ No If yes, in which U.S. state/territory was it issued?
(7) Do you own a motor vehicle? Yes No If yes, in which U.S. state/territory is it registered?
(8) Do you have voter registration? Yes No If yes, in which U.S. state/territory are you registered?
(9) Did you file a state income tax return in the past year? Yes No Yes, in which U.S. state/territory did you file?
If you are under the age of 24, please answer questions 10-15.
(10) Has your parent(s) or U.S. court-appointed legal guardian established and maintained legal residency and domicile (according to the definitions previously listed) in Georgia for at least 12 consecutive months immede preceding the first day of classes for the term in which you plan to enroll? \Box Yes \Box No
If yes, how long have they continuously resided in the state of Georgia ?
(11) Has the above parent or U.S. court appointed legal guardian ever lived in another country or in any U.S state/territory other than the state of Georgia? \Box Yes \Box No
If yes, where has the parent lived in the last five (5) years?
Please provide the following information regarding that person. Name: Relationship:
(12) Where were the following issued for the above parent or U.S. court appointed guardian: Driver's License? Motor vehicle registration?
Voter registration?

past year?
Were you claimed as a dependent on this parent or U.S. court appointed legal guardian's STATE income tax return in the past year? \Box Yes \Box No
(14) In what U.S. state/territory will this parent or U.S. court appointed legal guardian file STATE income taxes next year?
Will you be claimed as a dependent on this parent or U.S. court appointed legal guardian's STATE income tax return next year? \Box Yes \Box No
(15) Did someone other than yourself or this parent or U.S. court appointed legal guardian claim you as a dependent on their STATE income tax return in the past year? Relationship to yourself: What state?
(16) Are you currently active duty military or a family member of someone who is active duty military? — Yes — No If yes, please indicate your relationship to the family member (son, daughter, etc) and the home state of record for the active military member. Relationship to yourself:
Home state of military record:
(17) Are you currently a member of the Georgia National Guard or a family member of someone who is a member of the Georgia National Guard? Yes No If yes, please indicate your relationship to the family member (son, daughter, etc) for the active military member.
Relationship to yourself:
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. Further, I certify that, to the best of my knowledge, the information submitted on this application is true and complete. In accordance with Board of Regents Policy 4.3.4, all applicants who are accepted for admission or readmission to Georgia College for Fall, 2011 or any academic semester thereafter, and who seek to be classified as in-state for tuition purposes, will be required to provide validation of residency and lawful presence in both the State of Georgia and the United States. Acceptance to Georgia College is conditional until lawful presence is verified.
Applicant Signature:
Date:
Please submit complete and signed form to:

Office of Admissions Campus Box 023 Milledgeville, GA 31061 E-mail: admissions@gcsu.edu

Fax: (478)445-3653