

**Valdosta State University**  
**PETITION FOR OUT-OF-STATE FEE WAIVER FOR**  
**FULL-TIME EMPLOYEES IN THE GEORGIA PUBLIC SCHOOL SYSTEM**

**NOTE:** This petition is for information purposes only and does not in any way imply a determination of legal residence in Georgia. You may be required to pay out-of-state fees if a decision has not been reached prior to the fee payment deadline to prevent cancellation of your classes. You will then be due a refund if you are determined eligible to receive this waiver.

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**Student Information:**

Full Name \_\_\_\_\_ ID# \_\_\_\_\_

Telephone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Present Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ How long? \_\_\_\_\_

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Term Applying for: \_\_\_\_\_ 200\_\_

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**Parent/Guardian/Spouse Information (if student is dependent of Full-Time Employee):**

Full Name \_\_\_\_\_ ID# \_\_\_\_\_

Telephone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Signature of Parent/Guardian/Spouse \_\_\_\_\_ Date \_\_\_\_\_

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**You must include:** A complete copy of your **current AND/OR last** contract to teach in a public school system in Georgia or a letter from the Personnel Office of the school system verifying that you are a full-time employee. If student is a dependent of a full-time employee, inie Ty( i)-3 (n)iy of the 3 (i)(a)11 (t)-3 (es)11 (t)-3 ( F) Return fi3 (5 (e)9 (dn))-2 (nd )11 ( ) copy of current contract.

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