

FORT VALLEY STATE UNIVERSITY

Application for Out-of-State Tuition Waiver

Please Check One:

_____ Graduate _____ International _____ Presidential Scholar
_____ Athletics _____ President

(Please Print Clearly In Black/Blue Ink)

Name _____ Student ID/SSN _____

Local/Campus Address _____
Street or P. O. Box

_____ *City/State/Zip*

Permanent Address _____
Street or P. O. Box

_____ *City/State/Zip*

Telephone number _____ *(day)* _____ *(night)*

Major _____ Minor _____

Academic Advisor _____ Department _____

Sport *(if applicable)* _____

VISA Status *(if applicable)* _____ Country of Origin _____

Overall GPA _____ Semester GPA _____

Classification *(please circle one)* Freshman Sophomore Junior Senior

Please provide a short explanation of why you need this out-of-state waiver on the back side of this paper.

Applicant Signature _____ Date _____