

KENNESAW STATE UNIVERSITY
APPLICATION FOR OUT OF STATE TUITION DIFFERENTIAL WAIVER
VOCATIONAL REHABILITATION – GEORGIA DEPARTMENT OF LABOR

As of the first day of classes for the term, a Vocational Rehabilitation waiver may be granted to a student who has been referred to KSU by the Vocational Rehabilitation Program of the Georgia Department of Labor, but does not meet the 12 month residency requirement. The student may receive the waiver for the duration specified on the Vocational Rehabilitation referral paperwork. Once the waiver expires the student, if eligible, may petition to change their tuition classification to Resident. The Petition for Georgia Residence Classification for tuition purposes is available at the Registrar’s website or at www.kennesaw.edu/financialservices/forms/residencypetitionform.pdf.

Please complete the following section:

Full Name _____ KSU ID# _____ KSU Email: _____

Present Address _____
Street City State Zip

Term Applying for: _____ 201____

PLEASE ATTACH COPIES OF THE FOLLOWING:

- Referral from Georgia Vocational Rehabilitation Program or Department of Veteran Affairs specifying that their evaluation of the student resulted in the recommendation that the student enroll in a postsecondary institution and the specified recommended time to be enrolled.
- Copy of one of the following: Georgia driver’s license , Georgia ID, US Birth Certificate, unexpired US Passport, Permanent Resident Card, or current immigration documents

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.

I understand this waiver, if approved, is valid for the duration specified on my Vocational Rehabilitation referral paperwork.

Student’s Signature Date

Submit completed form and required documentation by Mail, Hand Delivery, or Fax to
(Please do not email form and/or required documentation, as required information includes personal identification information):

Kennesaw State University
Attn: Tuition Classification Officer
3391 Town Point Drive Suite #3700, MD #9110
Kennesaw, GA 30144

For Questions, please contact the Tuition Classification Officer at:
Office: 470-578-3251
Fax: 470-578-9187
tuitionclassification@kennesaw.edu