

# Clayton State University

## Application for Waiver of Mandatory Fees- TA

Students that are members of the armed services utilizing the military's tuition assistance programs, receiving MGIB Post 9/11 benefits with an eligibility rating of less than 100%, or are currently active/reserve members of the armed forces or Georgia National Guard and are self-paying students may receive a waiver of mandatory fees with the exception of the special institutional fee:

Name: \_\_\_\_\_ Laker ID: \_\_\_\_\_

Student e-mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**A. Active Duty (US Military, Military Reserves or Georgia National Guard) using Tuition Assistance**

\_\_\_ I am currently on Active Duty in the US \_\_\_\_\_ (list branch) AND

\_\_\_ I am currently using Tuition Assistance

Required Documentation: (Must be submitted with application)

- Letter or form verifying active duty status, **OR**
- ERD, ORD, Career Record from respective branch, **AND**
- Copy of TA Authorization

**B. Veteran or Active Duty (US Military, Military Reserves or Georgia National Guard) using MGIB Post 9/11**

\_\_\_ I am currently on Active Duty in the US \_\_\_\_\_ (list branch) AND

\_\_\_ I am currently using MGIB Post 9/11

Required Documentation: (Must be submitted with application)

- COE, **AND**
- Letter or form verifying active duty status, **OR**
- ERD, ORD, Career Record from respective branch

**C. Other Military Status**

\_\_\_ I am a Active member of the US Military, Reserves or National Guard, **AND**

\_\_\_ I am solely responsible for paying tuition

Required Documentation: (Must be submitted with application)

- Letter or form verifying active duty status **OR**
- ERD, ORD, Career Record from respective branch, **AND**
- Copy of Schedule Fee Statement

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. I understand that approval of this waiver may cause an adjustment in any financial aid that I may qualify to receive. I will submit copies, not original documents.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Veterans Resource Coordinator Signature \_\_\_\_\_ Date: \_\_\_\_\_

RETURN THIS FROM TO THE IN PERSON TO THE VETERANS RESOURCE COORDINAOTR IN EDGEWATER HALL,  
ROOM 115 OR BY EMAIL TO [VETERANSRESOURCECENTER@CLAYTON.EDU](mailto:VETERANSRESOURCECENTER@CLAYTON.EDU)

Date Received: \_\_\_\_\_ Date Approved: \_\_\_\_\_

waiver: \_\_\_\_\_

Expiration of