



# 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: \_\_\_\_\_ Application Date: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Application Term:  Fall  Spring  Summer Year: \_\_\_\_\_

*Please answer each question. **Failure** to answer each question thoroughly and completely will result in a classification of out-of-state for tuition purposes and require additional information be submitted in order to be re-classified as in-state for tuition purposes. This form is **NOT VALID** without the signature of the applicant.*

**University System of Georgia students are responsible for registering under the proper tuition classification. In general, classification of in-state status for tuition purposes requires an individual to have established legal residency and domicile in Georgia for 12 consecutive months prior to enrolling.**

**Residency** is defined as 'the state and country where an individual currently lives. An individual may be residing in Georgia and may be classified as having established Georgia residency for securing marital status, a driver's license, or classification of taxpayer status but does not meet the qualifications to establish domicile in Georgia.'

**Domicile** is defined as 'A person's present, permanent home where that individual intends to stay indefinitely and to which that individual returns following periods of temporary absence. Temporary residence does not constitute the establishment of one's domicile. To acquire domicile, an individual must demonstrate intent to remain permanently or indefinitely.'

(1) According to the definitions above, have you established and maintained legal residency and domicile in Georgia for at least 12 consecutive months immediately preceding the first day of classes for the term in which you plan to enroll  Yes  No

If yes, please indicate your Georgia county of residence: \_\_\_\_\_

(2) Have you ever lived outside the state of Georgia?  Yes  No

If yes, what state did you last live in? \_\_\_\_\_

Have you lived in Georgia continuously for the past 12 months?  Yes  No

If yes, please provide the length of time you have continuously resided in the state of Georgia:

Years: \_\_\_\_\_ Months: \_\_\_\_\_ Date from: \_\_\_\_\_ to: \_\_\_\_\_

(3) If you have lived outside the state of Georgia, what was your primary reason for moving to the state?

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(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

If 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 immediately preceding the first day of classes for the term in which you plan to enroll?  Yes  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?  Yes  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? \_\_\_\_\_

(13) In what U.S. state/territory did this parent or U.S. court appointed legal guardian file **STATE** income taxes in the 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?  Yes  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?  Yes  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?  Yes  No If yes, what is the parent/guardian name ?

\_\_\_\_\_ 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: \_\_\_\_\_

**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*