# **Regents Out of State Tuition Waiver**

## **Graduate College Awards**

The Graduate College is authorized by the Board of Regents to offer a limited number (20) of out-of-state tuition waivers to students that are classified as non-residents by the State of Georgia. The awards are based on the applicant's academic record and the recommendation of their program. The waiver renews on a semester basis contingent upon recipients earning at least a 3.5 graduate GPA. These awards waive only the non-resident portion of the student's tuition. Students interested in this award should complete the application form and submit it to the Graduate Dean by the posted deadline.

- Students receiving the Graduate out-of-state waiver may not receive any other tuition waivers from Kennesaw State University.
- Students receiving the Graduate out-of-state waiver must enroll in at least 6 hours. Failure to do so may result in forfeiting the award.
- Recipients must maintain at least a 3.5 graduate GPA to receive the tuition waiver. For new students that do not yet have a KSU graduate GPA, the final GPA from the bachelor's degree will be used to determine eligibility.
- Applicants for the waiver must be accepted by a KSU Graduate program prior to applying for the waiver.
- Students may not receive waiver hours that total more than the stated length of their program.
- Students may not receive this waiver for more than one graduate degree program at KSU.
- Students in an Executive or Premier priced program are not eligible for this waiver.

#### **Application deadlines:**

- July 1 for Fall Semester
- November 1 for Spring Semester
- April 1 for Summer semester

#### **CRITERIA AND PROCESS:**

## To Be Eligible:

At least 3.5 GPA; Recommendation of graduate program director; Acceptance into a Graduate Program

### Process:

Requests will not be reviewed until the stated deadline. If there are more requests than waivers available, applications may be ranked by GPA and/or other academic indicators that may be present (test scores, personal statements, etc). Awards to be announced no later than 20 business days after deadline.

# **Request for Graduate Out-of-State Tuition Waiver**

| Name  |                        |                      |              | KSU ID    | _ |  |
|---|------------------------|----------------------|--------------|-----------|---|--|
| Email   |                        |                      |              | Telephone |   |  |
| Citizenship:  |                        |                      |              |           |   |  |
|   | US Citizen             |                      |              |           |   |  |
|   | Permanent R            | esident (Green Card) |              |           |   |  |
|   | Non-Resident           | : Alien – Visa Type  |              |           |   |  |
| Countr  | Country of Citizenship |                      |              |           |   |  |
| Semester you are applying for:  |                        |                      |              |           |   |  |
| How many semesters to you anticipate needing the waiver:  |                        |                      |              |           |   |  |
| Which Graduate program have you been accepted into:   |                        |                      |              |           |   |  |
|   |                        |                      |              |           |   |  |
| As the Graduate Program Director for this student's program, I support their request for this waiver.   |                        |                      |              |           |   |  |
| Graduate Program Director Name:   |                        |                      |              | Date:     |   |  |
| Graduate Program Director Signature:  |                        |                      |              |           |   |  |
|   |                        |                      |              |           |   |  |
| By signing below I certify that the above information is correct and that I will not be receiving any other tuition waivers from Kennesaw State University. |                        |                      |              |           |   |  |
| Applica   | nt Name:               |                      |              | Date:     |   |  |
|   |                        |                      |              |           |   |  |
| Applicant Signature:  |                        |                      |              |           |   |  |
|   |                        |                      |              |           |   |  |
| Completed form to be submitted to The Graduate College Office – KH 3427   |                        |                      |              |           |   |  |
| For Off   | ice Use Only           |                      |              |           |   |  |
| Rcvd Da   | ate:                   | GPA:                 | Other Notes: |           |   |  |
| Approv  | ved:                   |                      | Date:        |           |   |  |