



**Vocational Rehabilitation  
Out of State Tuition Differential Waiver**

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 enroll at KSU by the Vocational Rehabilitation Program of the Georgia Department of Labor or the Department of Veteran Affairs. The student may receive the waiver for the duration specified on the Vocational Rehabilitation referral paperwork. Once the duration specified concludes, the waiver expires and the student may:

1. Reapply for the waiver (providing updated benefits paperwork with an extension to their previously listed eligibility period)

**OR**

2. May petition to change their tuition classification to Resident.

**Students will have until 30 days after the first day of the term to apply for this waiver. No applications will be accepted past that date. No retroactive changes will be considered for prior terms or fiscal years.**

**Please complete the following section:**

Student Name: \_\_\_\_\_ KSU ID#: \_\_\_\_\_ KSU Net ID: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Street City State Zip

Term Applying for: \_\_\_\_\_

**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.
- ☐ Lawful Presence Verification - Color Copy of one of the following:
  - Georgia license or State ID (front and back)
  - US Birth Certificate (the seal must be visible and legible)
  - Permanent Resident Card (front & back)
  - Immigration documents including Passport, Visa, I-94, and/or EAD (front & back)
  - US Passport
  - Employment Authorization Card (front & back)
  - US Certificate of Citizenship/Naturalization (the seal must be visible and legible)
  - Unexpired Military ID card (must be presented in person to a KSU staff member)

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 documents online through our [secure document submission portal](#).**

**For questions, please contact us:** [tuitionclassification@kennesaw.edu](mailto:tuitionclassification@kennesaw.edu) or 470-578-5252