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University System of Georgia

Statement of Residency

Augusta State University • Office of Admissions • 2500 Walton Way • Augusta, GA 30904-2200 • 706-737-1632 • FAX: 706-667-4355

1-800-341-4373

Resident Information Student Application

last name first name middle initial

ASU 927 ID# date of birth

Check the appropriate statement

- I am married, a parent, active military, or at least twenty-four years old. I will answer the residency questions below and sign this form.
- I am less than twenty-four or have not lived in Georgia for the past twelve months; however, my parent, court-appointed guardian, spouse or child is a Georgia resident. They will answer the residency questions and sign this form.

Please provide the name and date of birth of the person completing this form if other than the applicant.

last name first name middle initial

date of birth relationship to applicant

The following information pertains to the residency of the person who is to complete and sign this form. Please answer all questions.

What is your present address?

street and number city state zip since what date?

Is this your permanent home address? yes no If no, what is you permanent address?

street and number city state zip since what date?

List all of your previous addresses for the last three years (attach a separate sheet if necessary):

street and number city state zip beginning & ending mo/yr

street and number city state zip beginning & ending mo/yr

street and number city state zip beginning & ending mo/yr

street and number city state zip beginning & ending mo/yr

List all places of employment and length of time worked during the past three years (attach a separate sheet if necessary):

Employer name city state zip beginning & ending mo/yr

