## Tuition Classification Enrollment Application Correction Affidavit

		Office of Recruitment and A	dmissions
	800 GSW State University	Dr. Americus, GA 31709	
			Fall 20
			Spring 2 <u>0</u>
Student Nam <u>e</u>	St	tudent ID#	Summer 2
\ddress	Contact Number		
City:	State	Zip:	
	(print name), con	npleted the Twiti Classificati	ion section of the Georgia
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		th Board of Regents Policy 4	
		Southwestern for fall 2011	
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After reading and confirming, sign below:
Certification: I understand that any material false statement made knowingly and willfully 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.
Further, I certify that, to the best of my knowledge, the information submitted on this application is tr