

Application for Classification as a South Carolina Resident for Tuition and Fee Purposes

❖ Return this completed application with copies of all required documents to the Treasurer’s Office by the following deadlines: Continuing Students: Fall term-July 1st ♦ Spring term-November 1st ♦ May/Summer terms – 2 weeks prior to first day of class. New Students: First day of class for the term they are applying for residency.

❖ All correspondence regarding your Residency Application will be done through your College of Charleston email.

College of Charleston ♦ Legal Residency Office ♦ 66 George Street ♦ Charleston, SC 29424
Phone: (843) 953-7312 ♦ Fax (843) 953-3906 ♦ www.legalresidency.cofc.edu

Student’s name _____
Last First Middle

CWID _____ Date of Birth _____ Age _____

Marital Status _____ School email _____

Permanent telephone _____ Cell phone _____

Present address _____

Permanent home address _____

Undergraduate/Graduate Student (circle one). Initial term of enrollment _____ Term for which I am applying _____

Have you ever applied for in-state residency with College of Charleston? Yes No Term(s) _____

Part 1. Purpose for filing (Check only one)

- A. I am requesting in-state residency on the basis that I am an INDEPENDENT* person who:
 - Has physically resided and established a permanent domicile in South Carolina for at least twelve months.
 - Is a permanent, full-time employee in South Carolina who has been domiciled in the state for less than twelve months.
 - Is retired, receiving a pension or annuity and has been domiciled in the state for less than twelve months.
 - Is a full-time employee of another South Carolina institution of higher learning.
 - Is on active military duty. **(Please skip to Part 7)**
 - Recently discharged from military service and using veteran’s benefits. **(Please skip to Part 8)**

***If over the age of 24, please skip Parts 5, 6 and the Affidavit of Financial Independence.**

- B. I am requesting resident status on the bases that I am a DEPENDENT of or SPOUSE of (Circle One)*

Name _____, who

- Has physically resided and established a permanent domicile in South Carolina for at least twelve months.
- Is a permanent, full-time employee in South Carolina who has been domiciled in the state for less than twelve months.
- Is retired, receiving a pension or annuity and has been domiciled in the state for less than twelve months.
- Is a full-time employee of another South Carolina institution of higher learning.
- Is on active military duty. (Please skip to Part 7)
- Recently discharged from military service within 3 years, or currently on active duty, and using transferred Post 9/11 GI Bill benefit. **(Please skip to Part 8)** *Please skip Parts 2, 3, 4 and the Affidavit of Financial Independence

Part 2. Domicile Information

- A. How long have you physically and continuously resided in South Carolina? From _____ to _____
- B. Date you claim permanent residence in South Carolina began _____
- C. Address(es) where you have lived for the last 12 months: _____

- D. Do you have a South Carolina driver’s license? Yes No Date of issue _____ (attach a copy)
- E. Is the motor vehicle you use registered in your name? Yes No (if yes, attach a copy of registration)

Part 3. Income Tax Information

- A. Did you file federal and state taxes for the previous year? Yes No (If yes, attach a copy your federal and state taxes)
- B. Will you file a state income tax for the current tax year? Yes No
- C. Person who last claimed you as a dependent on a federal tax return. Do not list yourself.
Name _____ Relationship _____
State where person resides _____ Tax year claimed as dependent _____
- D. Will you be claimed as a dependent on someone’s federal income tax return for the current year? Yes No

Part 4. Employment Information

- A. Are you currently employed? _____ Full-time or part-time? _____ Hours worked per week: _____
- B. List all employment for the previous 12 months, begin with most recent employment

Dates	Employer	City/State	Full/Part-time	Hours per week

NOTE: If you are requesting in-state status based on full-time employment in the state, attach a letter on letterhead that states (a) the effective date of your employment in South Carolina, (b) that employment is on a full-time basis, (c) the number of hours worked per week (please provide your most recent paystub showing hours worked) and (d) your eligibility for full-time benefits. Persons who are self-employed must provide a notarized statement certifying the above information, and attach a photo copy of their business license.

Part 5. Domicile of parent, spouse or legal guardian that you are dependent upon.

NOTE: Unless divorced (with legal documentation), the primary residence of both parents must be in South Carolina.

Name of person(s) _____
Relationship (parent, spouse, legal guardian) _____

NOTE: Must provide marriage license, legal guardianship papers, or custody papers (if parents are divorced)

Home/mobile telephone _____ Email address _____

- A. How long has the person been a legal resident of South Carolina? _____
- B. Are any of the persons on whom you are dependent a non-U.S. citizen? _____ If so, who? _____

If so, please attach copies of applicable visas, alien registration cards, or permanent resident cards.
If you are unable to provide these documents, please submit proof of your U.S. citizenship or legal status in the United States, such as a U.S. Passport, birth certificate, visa, alien registration case, permanent resident card or similar document.
If you have already submitted such documentation to the College in connection with some other process (e.g., I-9 employment verification), please let us know, as you generally will not need to submit duplicate documentation.

- C. Has the person ever claimed you as a dependent on federal income taxes? Yes No
If yes, tax year person last claimed you _____ Will they claim you this year? Yes No

- D. Driver’s License: State _____ Date Issued _____ (Attach photo copy of license)
- E. Vehicle Registration: State _____ Date Issued _____ (Attach photo copy of license)
- F. Did person file a South Carolina income tax return for the previous year? Yes No
- G. Will person file a South Carolina income tax return for the current year? Yes No
(Attach copies of tax returns for all states filed – financials and social security numbers can be marked out)

Part 6. Employment of parent, spouse or legal guardian

- A. List all employment for the previous 12 months, begin with most recent employment
- | Dates | Employer | City/State | Full/Part-time | Hours per week |
|-------|----------|------------|----------------|----------------|
| _____ | _____ | _____ | _____ | _____ |

NOTE: If you are requesting in-state status based on full-time employment in the state, attach a letter on letterhead that states (a) the effective date of your employment in South Carolina, (b) that employment is on a full-time basis, (c) the number of hours worked per week (please provide your most recent paystub showing hours worked) and (d) your eligibility for full-time benefits. Persons who are self-employed must provide a notarized statement certifying the above information, and attach a photo copy of their business license.

Part 7. Military Service

The South Carolina Code of Laws provides that during the period of their assignment of active duty **in any state**, members of the armed services of the United States stationed anywhere and their dependents may be considered eligible to pay in-state tuition and fees at state-supported colleges and universities in South Carolina.

- A. Military station, post, or base to which assigned _____
 - B. Date assignment began _____
 - C. Expected length of active duty: From _____ to _____
- NOTE: Attach photo copy of military orders assigning you/your parent/legal guardian to active duty**
- D. Home of record _____ Expected date of discharge _____

Part 8. Veterans

In accordance with Act 11 in the SC legislation of 2015, the College of Charleston recognizes and is now in compliance with Section 702 of the federal Veterans Access, Choice and Accountability act of 2014, and now grants in-state tuition to qualified veterans of the US military and their dependents.

- A. Date entered into the military _____ Home of record _____
- B. Most recent duty station _____ Date of discharge _____
- C. Years of service _____

Part 9. Mandatory

I hereby certify that the information I provided is accurate and complete. I further understand that falsification or failure to provide the correct information may lead to disqualification of my application.

Signature of Applicant _____ Date _____

Signature of Parent/Legal Guardian _____ Date _____

Signature of Parent/Legal Guardian _____ Date _____