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) 953-5886 ♦ 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)
   □ 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)
   □ Discharged from military service 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.

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

<table>
<thead>
<tr>
<th>Dates</th>
<th>Employer</th>
<th>City/State</th>
<th>Full/Part-time</th>
<th>Hours per week</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 in South Carolina 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 ___________________