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 ♦ 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 (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: __________________________

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)

B. I am requesting resident status on the basis 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 benefits. (Please skip to Part 8)
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 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 of 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:

<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>
</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

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-US citizen? ________Yes ________No 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., 1-9 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 a photo copy of license)
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>
</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 your 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 college 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

D. Home of record Expected date of discharge

Part 8. Veterans

In accordance with Act 11 in the South Carolina 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. I understand and agree that all documentation submitted to support the application becomes property of College of Charleston.

Signature of Applicant Date

Signature of Parent/Legal Guardian Date

Signature of Parent/Legal Guardian Date