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  Website: legalresidency.cofc.edu

Student’s Name: ____________________________________________________________

Last                    First                    Middle

CWID: ___________________________ Date of Birth: _______________________________ Age: __________

Marital Status: ___________________________ School Email: _______________________

Permanent Telephone: ___________________________ Cell Phone: _______________________

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 benefit. (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:
   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-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., 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 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

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<th>Dates</th>
<th>Employer</th>
<th>City/State</th>
<th>Full/Part Time</th>
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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