Overview

The College of Charleston is mandated by South Carolina state law to verify a student’s residency before the student can be granted in-state status and tuition. The initial residency classification is determined at the time of admission. In addition, a student’s residency classification is determined if a student is readmitted to the college or changes academic level (undergraduate to graduate).

Per South Carolina Code Section 59-112-100, College of Charleston students who are currently classified as non-resident for tuition and fee purposes who wish to be classified as a resident for tuition and fee purposes should complete Application for Classification as a South Carolina Resident for Tuition and Fee Purposes and submit the supporting documentation. Students who have truly abandoned their previous domiciles and have decided to make South Carolina their home indefinitely may use this application to initiate the review process that determines whether the student is eligible for resident status. Submitting an application does not guarantee approval. The burden of proof rests with the applicant to show evidence as deemed necessary to establish and maintain their residency status.

Application Deadlines

<table>
<thead>
<tr>
<th>Term</th>
<th>Deadline</th>
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<tbody>
<tr>
<td>Fall Term</td>
<td>July 1st</td>
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<tr>
<td>Spring Term</td>
<td>November 1st</td>
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<tr>
<td>Summer Terms</td>
<td>Two weeks prior to the official first day of classes</td>
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New and readmitted students have until the official first day of class to complete and submit the application and supporting residency documentation.

Here are the basic steps:

1. The student completes the residency application and submits all supporting documentation to Legal Residency Coordinator in the Treasurer’s Office by the application due date.
2. Based on the student’s application and supporting documentation, the Legal Residency Coordinator will determine whether the student has met the statutory requirements to receive resident status for tuition and fee purposes. If the student has met the statutory requirements, the student will be officially notified via email to the student’s College issued email address. If the application is conditionally approved, the student must accept the terms and conditions of the acceptance prior to being billed the resident rate for tuition and fees. The Legal Residency Coordinator will also notify the appropriate College of Charleston departments.
3. If the student’s Application for Classification as a South Carolina Resident for Tuition and Fee Purposes has been denied by the Legal Residency Coordinator, the student will be officially notified via email to the student’s College issued email address. If a student wishes to appeal the decision of the Legal Residency Coordinator, they can submit a letter of appeal outlining the reasons the decision is incorrect along with any additional pertinent documentation to the Legal Residency Office. The letter of appeal must be submitted within 14 calendar days of the denial date. Please note the Appeals Officer is bound by the same laws as the Legal Residency Coordinator. The appeal process is to review the facts and details of the case and to evaluate the correctness of the determination. Neither the Appeals Officer nor the Coordinator may waive the provisions of the law. The determination of the Appeals Officer is final.
Checklist for Dependent Student Applicants

“Dependent Person” is defined as one whose predominant source of income or support is from payments from a parent, spouse, or legal guardian and who qualifies for and is claimed as an exemption on the Federal income tax return of the parent, spouse, or legal guardian. A dependent person is also one for whom payments are made, under court order, for child support and the cost of the dependent person’s college education.

Married Parents of Dependent Student

___ Completed and signed Dependent Student Application for Classification as a South Carolina Resident for Tuition and Fee Purposes

___ Copy of applicant’s South Carolina driver’s license or state ID card

___ Copy of both parents’ South Carolina driver's license

___ Copy of South Carolina vehicle registration card(s) for all vehicles

___ Proof of permanent, primary domicile in South Carolina - Acceptable proof includes, but is not limited to:
  deed, commercial lease, or settlement statement

___ Copy of federal and state tax return transcripts - any other tax return will not be accepted

___ Notarized Certificate of Dependence

___ Non-US Citizen Parents - Provide copies of their Permanent Resident Cards or valid Visas. If you cannot provide these documents, please submit proof of the student’s US citizenship or legal status in the United States, such as a US Passport, birth certificate, visa, alien registration, permanent resident card or similar document. If you have already submitted such documentation to the College in connection with some other process (i.e., I-9 employment verification), please let us know, as you generally will not need to submit duplicate documentation

Divorced/Separated Parents of Dependent Student

___ Completed and signed Dependent Student Application for Classification as a South Carolina Resident for Tuition and Fee Purposes

___ Copy of applicant’s South Carolina driver’s license or state ID card

___ Legal separation or divorce decree and custody agreement - notarized documents are not accepted

___ Copy of qualifying parent's (and step-parent) South Carolina driver's license

___ Proof of permanent, primary domicile in South Carolina - Acceptable proof includes, but is not limited to:
  deed, commercial lease, or settlement statement

___ Copy of federal and state tax return transcripts - any other tax return will not be accepted

___ Notarized Certificate of Dependence

___ Non-US Citizen Parents - Provide copies of their Permanent Resident Cards or valid Visas. If you cannot provide these documents, please submit proof of the student’s US citizenship or legal status in the United States, such as a US Passport, birth certificate, visa, alien registration, permanent resident card or similar document. If you have already submitted such documentation to the College in connection with some other process (i.e. I-9 employment verification), please let us know, as you generally will not need to submit duplicate documentation
Legal Guardian of a Dependent Student

___ Completed and signed Dependent Student Application for Classification as a South Carolina Resident for Tuition and Fee Purposes
___ Copy of applicant’s South Carolina driver’s license or state ID card
___ Legal guardianship papers through court order
___ Copy of Legal guardian’s South Carolina driver’s license or state ID card
___ Copy of South Carolina vehicle registration card(s) for all vehicles
___ Proof of permanent, primary domicile in South Carolina - Acceptable proof includes, but is not limited to: deed, commercial lease, or settlement statement
___ Copy of federal and state tax return transcripts showing student is claimed as dependent
___ Notarized Certificate of Dependence

Spouse of a Dependent Student

___ Completed and signed Dependent Student Application for Classification as a South Carolina Resident for Tuition and Fee Purposes
___ Copy of marriage license
___ Copy of you and your spouse's South Carolina Driver's licenses
___ Copy of South Carolina vehicle registration card(s) for all vehicles
___ Proof of permanent, primary domicile in South Carolina - Acceptable proof includes, but is not limited to: deed, commercial lease, or settlement statement
___ Copy of jointly filed federal and state tax return transcripts - any other tax return will not be accepted
___ If under the age of 24, you will need to provide proof of financial independence

ALL documents MUST be twelve months prior to the start of the term in which you are requesting South Carolina residency status for tuition and fee purposes, unless you qualify for one of the exceptions below

Exceptions

___ Full-time employment. Please 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 a copy of your most recent paystub showing hours worked) and (d) your eligibility for full-time benefits Employer must be physically located in South Carolina. Remote work or work from home does not apply for this exception.
   **You must plan on keeping a full-time job until your South Carolina driver's license turns a year old

___ Retirement. If you’re dependent upon a senior citizen or a retired person, you must show proof you're receiving a retirement pension/annuity that's taxable in South Carolina

___ Active Duty Military. If you’re dependent on an active duty military member, please provide copy of orders showing when orders expire. If the Home of Record is in South Carolina, but stationed in another state, please provide the DD2058.

___ Veteran. If you’re dependent on a person retired from active duty military receiving benefits from the GI Bill, please provide the DD214, VA Certificate of Eligibility and proof of residence. *The Certificate of Dependence is not needed under this exception

**This checklist is meant to be a general guide. We reserve the right to ask for additional documentation
Dependent Student Application for Classification as a South Carolina Resident for Tuition and Fee Purposes

“Dependent Person” is defined as one whose predominant source of income or support is from payments from a parent, spouse, or legal guardian and who qualifies for and is claimed as an exemption on the Federal income tax return of the parent, spouse, or legal guardian. A dependent person is also one for whom payments are made, under court order, for child support and the cost of the dependent person’s college education.

(Please print all information)

Student’s Name: __________________________________________________________________________

Last    First     Middle

CWID: ____________________    Date of Birth: ____________________    Age: __________

Marital Status: _____________________  College Issued Email: _______________________________

Permanent Home Address: ____________________________________________________________________

Current Mailing Address: _____________________________________________________________________

Are you a US citizen? ___ Yes ___ No If no, please provide a copy of your Permanent Residence Card or valid Visa

Have you ever applied for South Carolina residency with College of Charleston? ___ Yes ___ No Term: ________

Undergraduate / Graduate (circle one) Initial Term of Enrollment: ________________________________

Term I am requesting resident status to begin: ____________________________________________

I have read the requirements, and I am requesting resident status based on the provision that I am a DEPENDENT or SPOUSE (circle one) of

Name(s): ________________________________________________________________________ who,

_____ Has physically resided and established a permanent domicile in my name in South Carolina for at least twelve continuous months immediately prior to the start of the term I am applying.

_____ Is a permanent, full-time employee of a business physically located in South Carolina who has been domiciled for less than twelve months.

_____ Is retired, receiving a taxable pension or annuity and has been domiciled 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 15)

_____ Is discharged from military service and using veteran’s benefits (please skip to part 16)

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.

Applicant Signature: ______________________________________   Date: _______________________

**To be completed by ALL person(s) applicant is claiming dependency for residency purposes.**

1. Relationship to Applicant (parent, spouse legal guardian): _______________________________________
   NOTE: Must provide marriage license, legal guardianship papers or custody papers (if parents are divorced)

2. Marital Status: _______________________________________

3. Are you a US Citizen: ___ Yes ___ No
   If no, 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 card, 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.

4. Home phone number: __________________________ Email: _________________________________

5. First step taken to establish domicile in South Carolina _______________________________________
   Date: __________________________

6. How long have you been a legal resident of South Carolina? __________________________________

7. Beginning with your current address, list the periods, and the specific address(es) at which you lived for the previous twelve months:

<table>
<thead>
<tr>
<th>From Month/Year</th>
<th>To Month/Year</th>
<th>Address in detail</th>
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8. Do you own any real property in any state? ___ Yes ___ No
   If yes, what is the city, state, and date of purchase for that property ________________________________

9. Do you currently have a valid South Carolina driver’s license or state ID card? ___ Yes ___ No
   When were you first licensed in South Carolina? ___________ Date of last renewal ___________
   If you do not currently hold a South Carolina driver’s license or state ID card, indicate the state in which you do hold a driver’s license or state ID card? _____ Date acquired: ___________
   Date of last renewal: ___________
   Have you ever held a driver’s license or state ID card in another state? ___ Yes ___ No
   If yes, which state? _______ Dates held ________________________________

10. Do you own or operate a motor vehicle? ___ Yes ___ No In what state is that vehicle registered? _______
    If registration is in South Carolina, what month and year was it first registered? ___________
    Whose name is the vehicle registered? __________________________
    If other than yours, indicate relationship to you __________________________
11. Are you registered to vote in South Carolina? ___ Yes ___ No
   If yes, please indicate the date of registration and district ________________________________

Are you registered to vote in any other state? ___ Yes ___ No
   If yes, please indicated the state, date of registration and last election in which you voted?
   ________________________________________________

12. Do you claim applicant as dependent on federal income taxes? ___ Yes ___ No
   If yes, tax year applicant was last claimed? ___________ Will you claim applicant this year? ___ Yes ___ No

13. Employment: (in order of most recent) all full and part-time employment during the previous 12 months

<table>
<thead>
<tr>
<th>Employer/Contact</th>
<th>Full/Part Time</th>
<th>Hrs/Wk</th>
<th>Location City/State</th>
<th>Phone #</th>
<th>From month/year</th>
<th>To month/year</th>
<th>Salary</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.

14. Retirement: Are you currently retired? ___ Yes ___ No
   If yes, are you receiving a pension or annuity taxable in South Carolina? ___ Yes ___ No

15. Are you an active member of the US Military? ___ Yes ___ No
   Are you currently stationed in South Carolina? ___ Yes* ___ No
*If yes, please attach copy of orders showing expiration date

Is your home of record in South Carolina? ___ Yes* ___ No
*If yes, please attach copy of DD2508

16. Are you, a veteran receiving educational benefits from the GI Bill? ___ Yes* ___ No
   Date entered into military __________________ Home of record ________________________________
   Most recent duty station ________________________________________________________
   Date of discharge __________________ Years of service ______
*Please provide a copy of your DD214, copy of VA Certificate of Eligibility and proof or residence

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.

Applicant Signature: ___________________________ Date: ____________________________

Signature of Parent/Legal Guardian: ___________________________ Date: ________________

Signature of Parent/Legal Guardian: ___________________________ Date: ________________

Signature of Spouse (if applicable): ___________________________ Date: ________________
Certificate of Dependence
(MUST be completed entirely or will be rejected)

We/I___________________________________________ of _____________________________________,
(Parent(s)/Legal Guardian) (Student Name)

__________________, declare under oath this ______ of __________________, 20______ that we reside at
(CWID) (Day) (Month) (Year)
_________________________________________ in ______________________, ______________________.
(Street Address) (State) (County)

We/I will claim ______________________ as a dependent or exemption on our/my 20______ federal and
(Student Name) state income tax returns and provide a copy of the return transcripts no later than May 1 of the applicable tax year.

Signature_________________________________________________ Date ______________________

Signature_________________________________________________ Date ______________________

Notary Public Stamp and Seal

Sworn before me this _____ day of ______________, 20 _____

Signature____________________________________________

Notary Public for the State of ____________________________

My Commission Expires ________________________________
Acknowledgment*

College of Charleston’s Legal Residency Coordinator cannot provide advice to students or other parties regarding a student’s ability to meet residency requirements for tuition and fee purposes.

College of Charleston may initiate a reclassification inquiry at any time after the occurrence of events or a change in facts give rise to a reasonable doubt about the validity of existing residential classification.

Submission of the application indicates applicant’s acknowledgement that College of Charleston may verify all documents and information included with or referred to in this application.

Documentation submitted in support of an Application for Classification as a South Carolina Resident for Tuition and Fee Purposes becomes property of College of Charleston and will not be returned to the applicant.

College of Charleston reserves the right to requests additional documentation in support of an Application for Classification as a South Carolina Resident for Tuition and Fee Purposes. Request for additional documentation will be sent to the student’s College issued email and must be submitted within 14 calendar days of the request. If the additional documents are not submitted, the College of Charleston reserves the right to deny and close the application.

I certify that all the information and documentation provided in this application is true and accurate. I understand that this application is legally binding and that if I provide fraudulent information, I may be required to pay additional tuition and fees and I may also be subject to dismissal or other sanctions. I agree to furnish the College with supporting documentation related to my application if I am requested to do so.

I have read, understand, and agree to the above statements.

____________________________________    _________________________

Student Signature                             Date

____________________________________

Student Printed Name

Signature of Parent/Legal Guardian: ____________________________ Date: ________________

Signature of Parent/Legal Guardian: ____________________________ Date: ________________

Signature of Spouse (if applicable): ____________________________ Date: ________________

*Application will NOT be reviewed or considered without signed Acknowledgement.