



Application for Reclassification of Residency Status

The SCC Residency Officer may request additional information if further clarification is needed.

Name _____ Colleague ID Number _____

Address _____ City _____ State _____ Zip _____

Telephone/Cell Number _____ E-mail address _____ Date of Birth _____

Driver's License Number _____ State _____ Do you have a motor vehicle registered in your name?
Yes _____ No _____ If yes, what state is the vehicle registered? _____

Are you a U.S. citizen? Yes _____ No _____ If you are not a U.S. citizen, have you been awarded permanent resident status?
Yes _____ No _____ (If yes, you must present a copy of official document verifying your permanent residency status).

Were you claimed as a dependent by a parent, spouse or guardian for income tax purposes? Yes _____ No _____

Certification

I am qualified for South Carolina residency based on the following status and will provide the residency officer with all documentation requested to satisfy my claim.

_____ I have lived in South Carolina continuously for the past twelve months.

_____ I am employed by a South Carolina employer on a full time basis.

_____ I am claimed as a dependent of a legal South Carolina resident for tax purposes.

_____ I am a member of the U.S. Armed Forces or Active Military Reservist stationed in South Carolina on active duty or a dependent of someone who is in either status.

_____ I am a retiree to the State receiving a pension or annuity.

I hereby certify that all entries on this form are accurate. I understand that any misrepresentaiton of residency information by me will result in the payment of out of state tuition and fees.

Signature _____ Date _____

For Office Use Only

Qualified as in-state residency status: _____ Not qualified as in-state residency status: _____

Qualified as an "exception" (specify): _____

Documentation on file to support reclassification of residency status: _____

Certifying Official Signature _____ Date _____

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