

**University of South Carolina
Legal Residency Office
Columbia, SC 29208
Telephone: (803) 777-4060**

APPLICATION FOR CLASSIFICATION AS A SOUTH CAROLINA RESIDENT
(Please allow four to six weeks for processing.)

Applicant's Name: _____
Last First Middle

Social Security Number: _____ Date of Birth: _____ Age: _____

Marital Status: _____ If married, date of marriage: _____

Permanent Phone: _____ Present Daytime Phone: _____

Mailing Address: _____

E-mail Address: _____

Preferred method of notification of status: U.S. Postal Service _____ E-mail _____

Semester you are requesting in-state status to begin: _____

Date classes will begin for the semester for which you are requesting in-state status: _____

Citizenship (check only one)

- U.S. citizen
 Not U. S. citizen, but permanent resident of U. S. – **Date permanent resident status granted** _____
 Other; give visa type _____

***If you are not a U.S. citizen, attach photocopy of official document verifying your immigrant status.**

PART 1. Filing Status (check only one)

- (A) I am requesting resident status on the basis that I am an independent person who has physically resided and established a permanent home in South Carolina for at least twelve months immediately preceding the term I am requesting resident status. (Complete Parts 2, 3, 4, 5, 6, and 10.)
- (B) I am requesting resident status on the basis that I am a dependent of a person who has physically resided and established a permanent home in South Carolina for at least twelve months immediately preceding the term I am requesting resident status.
Name of person upon whom you are dependent: _____
Relation to you: _____
(Complete Parts 7, 8, and 10.)
- (C) I am requesting resident status on the basis that
- I am a dependent person and my spouse, _____, is . . .
 - I am a dependent person and my parent, _____, is . . .
a full-time employee in South Carolina who has been a permanent resident of the state for less than twelve months.
(Complete Parts 7, 8, and 10.)
 - I am a full-time employee in South Carolina who has been a permanent resident in the state for less than twelve months.
(Complete Parts 2, 3, 4, 5, 6, and 10.)
- (D) I am requesting resident status on the basis that
- I am a dependent person and my spouse, _____, is . . .
 - I am a dependent person and my parent, _____, is . . .
retired, receiving a retirement pension or annuity, and has been a permanent resident of the state for less than twelve months. (Complete Parts 7, 8, and 10.)
 - I am retired, receiving a retirement pension or annuity, and have been a permanent resident in the state for less than twelve months. (Complete Parts 2, 3, 4, 5, 6, and 10.)
- (E) I am requesting resident status on the basis that
- I am a dependent person and my spouse, _____, is . . .
 - I am a dependent person and my parent, _____, is . . .
 - I am . . .
on active military duty in South Carolina. (Complete Parts 9 and 10.)

PART 2. Personal Statement

(A) Date I came/returned to South Carolina: _____

(B) Date I claim permanent residence in South Carolina established/re-established: _____

****Attach documentation that verifies the date you moved into a permanent place of residence in South Carolina (ex: photo copy of lease, rental agreement, closing statement for purchase of home, bills for utility connections, change of permanent home address with post office.)**

(C) Provide in the space below a clear and complete statement covering the following items and any other facts and circumstances which, in your opinion, establishes legal residence in South Carolina. Attach another sheet if necessary.

- (1) Purpose for coming/returning to South Carolina;
- (2) When you decided to establish/re-establish permanent residence in South Carolina;
- (3) Factors which influenced your decision to establish/re-establish permanent residence on date given in (B) above;
- (4) Immediate and long-range plans;
- (5) Reasons why you expect to move out of the state after completing your studies or to remain in South Carolina indefinitely.

PART 3. Domicile Information

(A) Addresses where you have lived during the past 24 months:

Address	City/State	Dates

(B) Do you own or rent your place of residence? _____ If own, when did you purchase it? _____
City/State of Residence: _____

(C) Are all, or substantially all, of your possessions in South Carolina? _____
If not, in what state are most of your possessions? _____

(D) Do you have a checking account at a bank in South Carolina? _____ If so, how long have you had the account? _____

(E) Do you have a savings account at a bank in South Carolina? _____ If so, how long have you had the account? _____

(F) Do you have a checking or savings account at a bank in another state? _____
If so, in what state? _____

(G) Do you have a valid driver's license? _____ If so, what state issued it? _____
Date of issue: _____ Is your current driver's license a renewal? _____
****If you have a South Carolina license, attach a photocopy.**

(H) Do you have a motor vehicle registered in your name? _____ If yes, in what state is the vehicle registered? _____
Date you purchased the vehicle _____ Date of issue of your current vehicle registration certificate _____
Date you first registered the vehicle in South Carolina _____
****If your motor vehicle is registered in South Carolina, attach a photocopy of current vehicle registration certificate and, if possible, the earliest registration you still have.**

(I) Did you file state income tax returns in any state during the past 24 months? _____ If so, when and in what state did you file the returns?

State	Tax Year	Date Filed

****If filed state returns the previous tax year, attach photocopy of the first page and signature page, if applicable, of each return. Also, attach a copy of federal return and W-2 forms for the previous tax year. (Tax returns submitted must be signed.)**

(J) Will you file a state income tax return for the current tax year? _____ If so, in what state will you file? _____

PART 4. Financial Information

(A) Sources and percentages of support for twelve months immediately preceding the term for which in-state status is requested:

Parents ___ %; spouse ___ %; your employment ___ %; VA benefits ___ %; social security ___ %; student financial aid ___ %; other sources (specify _____ %; _____ %; _____ %).

(B) Person who last claimed you as a dependent (or exemption) on a federal income tax return: (Do not list yourself.)
 Name: _____ Relationship: _____
 City/State of Residence of Person: _____
 Tax year person last claimed you as a dependent (or exemption): _____
 City/State of Residence of Mother _____ Father _____

(C) Will you be claimed as a dependent (or exemption) on someone's income tax return for the current year? _____
 If so, give name and address of person who will claim you:
 Name: _____ Address: _____
 _____ Relationship: _____

PART 5. Employment Information

(A) List all employment for previous 24 months:

Dates	Employer	City/State	Full-time or Part-time	No. Hours Per Week
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(B) If currently employed, do you expect any change in your employment status within the next six months? _____
 If so, explain: _____
***If you are requesting in-state status based on full-time employment in the state, attach a letter (on letterhead stationery or notarized) from your employer. The letter needs to state: (a) the effective date of your employment in South Carolina, (b) that such employment is on a full-time basis, and (c) the number of hours you work a week. Persons who are self-employed should provide a notarized statement certifying the foregoing information and submit a copy of their South Carolina business license.**
****If you are requesting in-state status based on your retirement, attach official documentation which verifies that you receive a retirement pension or annuity.**

PART 6. Educational Information

(A) List high school(s) attended:

Dates	Name of High School	City/State
_____	_____	_____
_____	_____	_____

(B) List all colleges and universities attended: (Include attendance at USC.)

Dates	Name of Institution	City/State	Full-time or Part-time	Resident or Non-resident
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PART 7. Domicile of Person Upon Whom In-state Determination Is To Be Based (To be completed if you are a dependent person.)

Name of person: _____ Relationship: _____

(A) How long has person physically resided in South Carolina as a legal resident of the state? _____, from _____, 19 ____, to _____, 20 __.

(B) Is this person a U.S. citizen? _____ If not, type of visa person holds: _____
 Date of issue: _____ ****Attach photocopy of the person's visa or alien registration card (front and back.)**

(C) Has the person ever claimed you as a dependent (or exemption) for federal income tax purposes? _____ If so, tax year person last claimed you? _____ Will person claim you as a dependent (or exemption) on current year's federal return? _____
**** If claimed as a dependent (or exemption) the previous tax year, attach photocopy of first page and signature page, if applicable, of person's federal income tax return for the previous tax year. The financial data on the return may be marked out. (Tax return submitted must be signed.)**

(D) Does person have driver's license? _____ If so, in what state? _____
 Date of issue: _____ Is current license a renewal? _____
****If person has a South Carolina driver's license, attach photocopy of license.**

(E) Does person have a motor vehicle registered in his or her name? _____
 If so, in what state is the vehicle registered? _____
 Date of issue of current vehicle registration certificate: _____
 Date person first registered the vehicle in South Carolina _____
****If vehicle registered in South Carolina, attach a photocopy of current registration certificate.**

(F) Did person file a South Carolina income tax return for the previous tax year? _____
 If so, date filed: _____ Will person file a South Carolina return for the current tax year? _____
****If person filed a South Carolina return for the previous tax year, attach a photocopy of the first page and signature page, if applicable. Also, attach a copy of all other state returns filed for the previous tax year. The financial data on the returns may be marked out. (Tax returns submitted must be signed.)**

(G) Does person own a home in South Carolina? _____ If so, date purchased: _____

(H) Addresses where person has lived during the past 24 months:

Address	City/State	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

PART 8. Employment of Person Upon Whom In-state Determination Is To Be Based (To be completed if you are a dependent person.)

(A) List employment of person for past 24 months:

Dates	Employer	City/State	Full-time or Part-time	No. Hours Per Week
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(B) If person is employed, does person expect any change in his or her employment within the next six months? _____
 If so, explain _____
****If you are requesting in-state status based on person's full-time employment in the state, attach a letter (on letterhead stationery or notarized) from person's employer. The letter needs to state: (a) the effective date of person's employment in South Carolina, (b) that such employment is on a full-time basis, and (c) the number of hours person works a week. Persons who are self-employed should provide a notarized statement certifying the foregoing information and submit a copy of their South Carolina business license.**
****If you are requesting in-state status based on person's retirement, attach official documentation which verifies that the person receives a retirement pension or annuity.**

PART 9. Military Service

(A) Military installation to which you/your sponsor is stationed: _____
 Date assignment began in South Carolina: _____

(B) Expected length of assignment in South Carolina: _____
****Attach a photocopy of military orders or other official documentation which verifies the date you/your sponsor's active duty assignment began in South Carolina.**

(C) You/your sponsor's state of legal residence: _____
****If you are a dependent person, attach a photocopy of sponsor's federal income tax return for the previous tax year. The financial data on the return may be marked out. (Tax return submitted must be signed.)**

PART 10. Student/Applicant Status

Check appropriate categories: Undergraduate Graduate Full-time
 Law Medicine Part-time

I hereby certify that the information I have provided is accurate and that I am making this application in good faith based on a belief that I am eligible to pay tuition and fees at the rate afforded to legal residents of South Carolina.

 Signature

 Date

REFUND POLICY: All requests for refunds are limited to the current academic year for which the refund is requested. Refunds may be requested any time during the academic year in which the applicable term occurs. Applications for resident status must be completed before the end of the academic year for which a refund is requested. The academic year begins with the fall term and ends with the last summer session.