

**REQUEST FOR CERTIFICATION OF SOUTH CAROLINA RESIDENCY
ACADEMIC COMMON MARKET PROGRAM**

CONTACT INFORMATION

- 1) Applicant's Name _____
(Last) (First) (M)
- 2) Social Security Number (last four digits only) _____ Date of Birth ____/____/____ Place of Birth _____
- 3) Name of Institution _____ Projected Start Date _____
- 4) Exact Title of Major _____ Degree (B.A., B.S., M.A., etc.) _____
- 5) School Address (if known) _____
- 6) Permanent Home Address _____
(Street address) (City) (State) (Zip)
- 7) Email Address _____ Telephone _____
- 8) Were you claimed as a dependent by your Parent(s), Guardian(s), or Spouse on their most recent SC State Income tax return? ____ Yes ____ No *If No, Please skip to Question #12.*
- 9) Name (s) of Parent(s)/Guardian(s)/or Spouse _____
- 10) Address of Person(s) listed #9 _____
(Street address) (City) (State) (Zip)
- 11) Have your Parent(s)/Guardian(s)/or Spouse lived at the above address for at least one year? ____ Yes ____ No
If No, Please Give Previous Address and Date of Move
_____/_____/_____
(Street address) (City) (State) (Zip) (Date of Move)
- 12) Have you lived at this address for at least one year? ____ Yes ____ No
If No, please give previous address, the length of time there, and date of move to present address
_____/_____/_____
(Street address) (City) (State) (Zip) (Date of Move)
- 13) Where and when did you graduate from (or last attend) high school?

(Name of School) (Year) (City) (State) (Zip)
- 14) Institution(s) attended after high school

Institution City/State (I) In-State (O) Out of State
From ____ To ____ Degree ____ Residency Status ____

Institution City/State (I) In-State (O) Out of State
From ____ To ____ Degree ____ Residency Status ____
- 15) Are you registered to vote in South Carolina? ____ Yes ____ No
- 16) Are you licensed to drive in South Carolina? ____ Yes ____ No
- 17) Do you have a motor vehicle registered in your name in South Carolina? ____ Yes ____ No
- 18) Have you ever served on a jury in South Carolina? ____ Yes ____ No
- 19) Have you ever been gainfully employed in South Carolina? ____ Yes ____ No

Note: The ACM Program inventory is subject to change at any time without prior notice. Since the list of programs offered through the ACM is frequently updated, please visit <http://www.sreb.org> for the most recent list of eligible programs.

If yes, please provide information below for the past year prior to the residency application date.

Employer	City	Position	From (Mo/Yr)	To (Mo/Yr)	P/T or F/T

20) If you answered yes to item #8, provide employment information for those individuals on whom you are financially dependent (parents/guardians/spouse) for the past year prior to the residency application date.

Employer	City	Position	From (Mo/Yr)	To (Mo/Yr)	P/T or F/T

21) Are you a United States citizen? ___ Yes ___ No If no, what is your VISA classification and number? _____

PROOF OF RESIDENCY

The South Carolina Commission on Higher Education reserves the right to request additional documentation. Failure to provide the necessary documentation will invalidate your application. Students who are otherwise not residents of South Carolina may not establish legal residence in South Carolina by the mere fact of receiving mail at a South Carolina address or post office box.

I am providing verification of SC residency by submitting a copy of at least (2) of the following along with State of SC income tax return (prior year only):

___ SC Driver’s License (valid) ___ SC Identification Card (valid) ___ SC Motor Vehicle Registration

**Dependent student: Include documentation of whomever you’re dependent upon as well. *Independent student: Send documentation with your information.*

NOTARY PUBLIC INFORMATION

I hereby solemnly swear and affirm that the information provided in this application is true and I understand it will be used to determine my eligibility as a legal resident of South Carolina. I certify that I have been a legal resident of South Carolina for at least one year prior to the residency application date. I further understand that the completion of this form does not guarantee certification as Academic Common Market Program participant. I understand that those decisions are to be made by the respective institution.

Signature of applicant (student) _____

Signature of parent/guardian/spouse _____
(If student is classified as dependent)

Sworn to (or affirmed) before me this _____ day of _____, 20_____

(affix seal to this document. If you are a South Carolina notary and do not have a stamp or seal, please include your title with your signature.)

Notary public’s printed name

Notary public’s signature

Title

My Commission Expires: _____