

# SC Residency **Re-certification** Application

## SREB Regional Contract Program



Send application to : Kenita Pitts-Howard SC Commission on Higher Education 1122 Lady Street, Ste. 400 Columbia, SC 29201 803.856.0037	<b style="color: red;">Application deadline: June 1</b>
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**CONTACT INFORMATION:**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

**PERMANENT ADDRESS:**

Street address (PO Box not acceptable) \_\_\_\_\_  
(City) (State) (Zip)

Telephone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ Email: \_\_\_\_\_

**ENROLLMENT INFORMATION:** Please select the institution you attend.

<b>Veterinary Medicine:</b> _____ Tuskegee University _____ University of Georgia _____ Mississippi State University	<b>Optometry Medicine:</b> _____ Southern College of Optometry _____ University of Alabama - Birmingham _____ Kentucky College of Optometry - Pikeville	<b>Start Date:</b> _____  <b>Expected Graduation Date:</b> _____
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**RESIDENCY STATUS: Basis of your application for residency status (select one)**

- \_\_\_\_\_ Independent student demonstrating domicile and residency in South Carolina. *(To qualify as an independent you cannot be claimed as a dependent or exemption on the federal tax return of her/his spouse, parent, guardian for the previous year.)*
- \_\_\_\_\_ Dependent student demonstrating residency and domicile or South Carolina resident parent, guardian, or spouse)
- \_\_\_\_\_ Seeking South Carolina residency status through duty in the armed forces.

**EMPLOYMENT HISTORY:** *(If independent, insert your employment information. If dependent, insert spouse's, guardian's or parent's employment information.) Use separate sheet is more space is needed.*

Employer	City/State	Dates employed	FT or PT employment
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**To provide verification of SC residency submit a copy of all of the following (if applicable):**

- Independent student: Supporting documentation indicating SC domicile should have your information.*
- Dependent student: Supporting documentation indicating SC domicile should have your parent/legal guardian/spouse's information.*
- \*SC Driver's license or Identification card (valid) applicant and parent/guardian
- \*SC Motor vehicle registration
- \*Federal **and** state income tax return from previous year (page 1 only showing student as dependent-if applicable)

Are you a United States citizen: \_\_\_\_\_ *If no, what is your VISA classification?* \_\_\_\_\_

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.

\_\_\_\_\_  
 Signature of applicant: Signature of parent/guardian/spouse

**NOTARY PUBLIC INFORMATION:**

Sworn and subscribed to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
 Notary public's printed name Notary public's signature Commission expiration date

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