APPLICATION FOR REVIEW OF RESIDENCY RE-CLASSIFICATION FOR TUITION AND FEE PURPOSES
AT
TECHNICAL COLLEGE OF THE LOWCOUNTRY

Regulations regarding the establishment of legal residency in South Carolina for tuition and fees at Technical College of the Lowcountry are governed by the Code of Laws of South Carolina, Sections 59-112 to 59-112-100.

When completing the following application, failure to complete all required parts or to submit requested documentation with the application will result in delay of your residency reclassification request. The deadline for submission of an Application for Review of Residency Classification is the last day of registration for the term for which residency reclassification is requested. There is no provision for retroactive-non-resident fee adjustment except in instances of error by the college. An applicant may appeal a residency decision to the Director of Enrollment Services.

Applicant’s Name ____________________________________________________________

Last
First
MI

SSN or Student ID #____________________ Date of Birth ______________________

Mailing Address____________________________________________________________

Street
City
State
Zip

Home Phone_________________________ Cell Phone ______________________

PART 1. Adjustment Being Requested

I am requesting that my residency be changed to In State (South Carolina _____

Student ID#/SSN#: ____________________________
PART 2. Requested Basis for Reclassification

I believe that I am qualified for reclassification based upon the following information: (Check those that apply)

_____ A I am an independent person who has established and maintained domicile in South Carolina for at least 12 months prior to the first day of classes of the term for which I am requesting the change to be effective. Complete Parts 3,4,5,6,7,11.

_____ B I am the dependent of a person described in 2 A. Complete Parts 3,8,9, and 11.

_____ C I am an independent person employed full-time in South Carolina and have established domicile in South Carolina less than 12 months prior to the first day of the term I am requesting this change to be effective. I will continue to work full-time for 12 months from the time I established domicile. Complete Parts 3,4,5,6,7, and 11.

_____ D I am the dependent of a person described in 2 C. Complete Parts 3,8,9, and 11.

_____ E I am a member of the United States Armed Forces stationed on active duty in South Carolina. Complete Parts 10 and 11.

_____ F I am the dependent of a person described in 2 E. Complete Parts 10 and 11.

_____ G I am a member of the United States Armed Forces and will be in "terminal leave" status the first day of classes for the term I am requesting that this change be effective. Complete Parts 3,4,10 and 11.

_____ H I am the dependent of a person described in 2 G. Complete Parts 3,8,10, and 11.

_____ I I have been a member of the United States Armed Forces stationed on active duty in South Carolina. I was discharged from the Armed Forces less than 12 months before the first day of classes for the term I am requesting this change be effective. My intent is to establish domicile in South Carolina. Complete Parts 3,4,10, and 11.

_____ J I am the dependent of a person described in 2 I. Complete Parts 3,5,8,10, and 11.

_____ K I am the dependent of a member of the United States Armed Forces who was assigned on active duty in South Carolina. The military person upon whom I am dependent has been reassigned from the area and I wish to continue to be categorized as an in state student for tuition purposes. Complete Parts 10 and 11.

_____ L I am a full-time faculty or administrative employee of a South Carolina state-supported College or University. Complete Parts 3,6, and 11.

_____ M I am the dependent of a person described in 2 L. Complete Parts 3,8,9, and 11.

_____ N I am a retired person receiving a pension or annuity. I established domicile in South Carolina less than 12 months prior to the term for which the change is requested. Complete Parts 3,4,6, and 11.

_____ O I am the dependent of a person described in 2 N. Complete Parts 3,8,9, and 11.

_____ P I am a South Carolina resident who has served in (is serving in) the United States Armed Forces. I have claimed South Carolina as my state of legal residence during my military service. Complete Parts 3,4,10, and 11.

_____ Q I am the dependent of a person described in 2 P. Complete Parts 3,5,10, and 11.

_____ R I am a dependent person. The person upon whom I am dependent was domiciled in South Carolina for at least three years immediately prior to the first day of the term I am requesting this change to be effective. Complete Parts 3,5,8, and 11.

_____ S I am a dependent person. The person upon whom I am dependent was domiciled in South Carolina for less than 3 years. Complete Parts 3,5,8, and 11.

Student ID#/SSN#: ____________________________
PART 3. Personal Statement

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

(B) Date I claimed permanent residence (domicile) was established in South Carolina is: ________________

PART 4. Domicile Information

(A) Address(es) where you have lived during the past 36 months:

<table>
<thead>
<tr>
<th>Address</th>
<th>City/State</th>
<th>Dates</th>
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(B) Do you own or rent your place of residence? ___________________ If own, when did you purchase it?

(C) What is your current County and State of Residence:______________________________

(D) Are you a US citizen? ___________________ If not, what type of visa do you hold: ____________

(E) Do you have a valid driver’s license? ___________________ If so, what state issued it?

   Date of Issue: ___________________ **If you have South Carolina Driver’s license, attach a photocopy.

   NOTE: FAILURE TO OBTAIN SOUTH CAROLINA DRIVER’S LICENSE WITHIN 90 DAYS OF THE

   ESTABLISHMENT OF THE INTENT TO BECOME A SOUTH CAROLINA RESIDENT WILL DELAY THE

   BEGINNING DATE OF RESIDENCY REQUIREMENTS FOR ONE (1) YEAR FROM THE DATE IN WHICH

   THE CHANGE WAS MADE.

(F) Are you currently registered to vote? ___________________ If so, what state/county?

   Date of issue of your voter registration certificate: ___________________ **If a registered voter in

   South Carolina, attach a photocopy of your voter’s certificate.

(G) Is the motor vehicle which you use registered in your name? ___________________ If not, in whose name is it

   registered? ___________________ Relationship ______________

   In what state/county is your vehicle registered? ___________________

   Date of current registration certificate: ________________________

   **If your motor vehicle is registered in South Carolina, attach a photocopy of current registration certificate

   and, if possible, a copy of the earliest registration certificate you still have. NOTE: FAILURE TO OBTAIN A VALID

   SOUTH CAROLINA VEHICLE REGISTRATION WITHIN 45 DAYS OF THE ESTABLISHMENT OF THE

   INTENT TO BECOME A SOUTH CAROLINA RESIDENT WILL DELAY THE BEGINNING DATE OF RESIDENCY ELIGIBILITY FOR

   ONE (1) YEAR FROM THE DATE IN WHICH THE CHANGE WAS MADE.

(H) 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?

<table>
<thead>
<tr>
<th>State</th>
<th>Year</th>
<th>Date Filed</th>
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   **If you filed state returns the last tax year, attach a photocopy of the first page and signature page 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.)

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

   you file? ___________________
Who last claimed you as a dependent (or exemption) for federal income tax purposes? Give name of person.
________________________________________________________________________________________

When were you last claimed as a dependent (or exemption) by the person named in 7(J)? __________

**If the person named in 7(J) claimed you as a dependent on his or her previous year’s federal income tax return and the person is a South Carolina resident, attach a photocopy of the person’s previous year’s federal income tax return. The financial data on the return may be marked out. The person needs to sign the signature page of the tax return.

What relation to you is the person in 7(J)? ______________________________________________________

Will the person named in 7(J) claim you as a dependent (or exemption) on the current year’s federal return?
___________________________________________________

Is the person named in 7(J) a legal resident of South Carolina? ________________ If so, how long has the person been a legal resident of South Carolina? ________________ to ________________.

Have you for any reason ever been considered a legal resident of any other state while residing out-of-state? _____ If so, give the dates you were considered a resident and the reason you were considered a resident. ________________
____________________________________________________________________________________________.

PART 5. Financial Information

Sources and percentages of support for the tax year immediately preceding the year in which in-state status is requested: Parents __________________% , spouse __________________% , your employment ____________% , VA benefits __________________%, social security __________________% , student financial aid ____________% , other sources (specify) ____________% , ____________% , ____________% .

If under 25 years old, who last claimed you as a dependent (or exemption) on a federal tax return: (Do not list yourself) Name: ________________________________ Relationship: ________________________________

City/State or Residence of Person: __________________________________________________________________

Tax year person last claimed you as a dependent (or exemption): ________________________________

Will you be claimed as a dependent (or exemption) on someone’s income tax return for the current year? ____________

If so, give the name and address of person who will claim you:
Name: ________________________________ Address: ________________________________ Relationship: ________________________________

PART 6. Employment Information

List all employment for previous 12 months:

<table>
<thead>
<tr>
<th>Dates</th>
<th>Employer</th>
<th>City/State</th>
<th>Full/Part Time</th>
<th>No. Hours Per Week</th>
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If currently full-time employed, do you expect any change in your full-time 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 retired with a pension or annuity, what was your retirement date? ________________________________

**Provide documentation showing retirement.
PART 7. Educational Information

(A) List last high school attended:

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<tr>
<th>Dates</th>
<th>Name of High School</th>
<th>City/State</th>
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(B) List last college or university attended: (Include attendance at OCTC)

<table>
<thead>
<tr>
<th>Dates</th>
<th>Name of Institution</th>
<th>City/State</th>
<th>Full/Part Time</th>
<th>As Resident or Non-Resident</th>
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PART 8. Domicile of Person Upon Whom In-State Determination Is To Be Based (To be completed if you are a dependent person.)

Name of the person upon whom I am dependent: _______________________________________________________
Relationship: ___________________________________________________________

(A) How long has this person physically resided in South Carolina as a legal resident of the state?
from _________________________, to ________________________________.

(B) Is this person a US citizen? ______________ If not, type of visa person holds: ______________________________

Date of issue: _____________________ **Attach photocopy of the person’s and your visa or alien registration card (front and back).

(C) Has this person ever claimed you as a dependent (or exemption) for federal income tax purposes? ______________

If so, tax year this person last claimed you: ________________________ Will this person claim you as a dependent (or exemption) on the current year’s federal return? ______________

**If claimed as a dependent the previous tax year, attach photocopy of first page and signature page if applicable, of this 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 this person have a driver’s license? __________________ If so, in what state? __________________

Date of issue: __________________ **If this person has South Carolina driver’s license, attach photocopy.

NOTE: FAILURE TO OBTAIN SOUTH CAROLINA DRIVER’S LICENSE WITHIN 90 DAYS OF THE ESTABLISHMENT OF THE INTENT TO BECOME A SOUTH CAROLINA RESIDENT WILL DELAY THE BEGINNING DATE OF RESIDENCY REQUIREMENTS FOR ONE (1) YEAR FROM THE DATE IN WHICH THE CHANGE WAS MADE.

(E) Is this person a registered voter? __________ If so, in what state? __________ Date of registration: ______________

**If a registered voter in South Carolina, attach photocopy of their voter registration certificate.

(F) Does this person own a car? ________ If so, in what state is the car registered? ________

Date current vehicle registration certificate issued: __________________ **If the vehicle is registered in South Carolina, attach a photocopy of current registration certificate.

NOTE: FAILURE TO OBTAIN A VALID SOUTH CAROLINA VEHICLE REGISTRATION WITHIN 45 DAYS OF THE ESTABLISHMENT OF THE INTENT TO BECOME A SOUTH CAROLINA RESIDENT WILL DELAY THE BEGINNING DATE OF RESIDENCY ELIGIBILITY FOR ONE (1) YEAR FROM THE DATE IN WHICH THE CHANGE WAS MADE.

(G) Did this person file a South Carolina income tax return for the previous tax year? __________

If so, date filed:_____________________________________________________________________________

(H) Will this person file a South Carolina return for the current tax year? ______________

**If this 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.)

(I) Does person own a home in South Carolina?____________________________________________________
PART 9. 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 the person upon whom you are dependent for past 12 months:

<table>
<thead>
<tr>
<th>Dates</th>
<th>Employer</th>
<th>City/State</th>
<th>Full/Part Time</th>
<th>No. Hours Per Week</th>
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(B) If full-time employed, does the person upon whom you are dependent expect any change in their full-time employment status within the next 12 months? ___________ If yes, explain: ______________________________________________________

**If requesting in-state status based on this person’s full-time employment, attach a letter (on letterhead stationery or notarized) from this person’s employer. The letter needs to state (a) the person is full-time employed in South Carolina,

(b) the effective date of person’s full-time employment in the state, and (c) the number of hours the person works a week. If the person is self-employed, attach notarized statement from the person certifying the foregoing information, and attach a copy of this person’s business license.

(C) If the person upon whom you are dependent is retired and collecting a pension or annuity, what was the date of retirement? __________________**

**Attach a copy of documentation showing retirement.

PART 10. United States Armed Forces (Complete appropriate sections)

(A) Active Duty

(1) Military installation/location to which you/your sponsor is stationed:
________________________________________________________________________________________

(2) Date assignment began in South Carolina: _________________________________

**Attach a photocopy of your military/dependent ID card.

**Attach a photocopy of military orders assigning you/your sponsor to active duty in South Carolina.

(B) In Terminal Leave Status

(1) Dates of your/your sponsor’s terminal leave from ________________________ to______________________.

(2) Sponsors official retirement date: _______________________________ **Provide a copy of retirement orders and terminal leave form, order or statement from your personnel officer.

(C) Discharged Less Than 12 Months From Term of Enrollment

Dates assigned in South Carolina: from ________________________ to ________________________.

**Attach a copy of your/your sponsor’s final DD Form 214.

(D) Dependent of a Military Person Reassigned from the State

Dates your sponsor was assigned in South Carolina: from ________________________ to ________________________.

**Attach a copy of the military orders reassigning your sponsor from the State and a copy of your military dependent ID card.
Maintained South Carolina residence while in the United States Armed Forces

Dates of your/your sponsor’s active service from ________________________ to ____________________________.

**Attach a copy of military documentation showing that you maintained South Carolina as your state of residence.

PART 11. Student/Applicant Certification

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.

Date __________________________ Signature __________________________

IMPORTANT: Persons who gain resident status improperly by making or presenting willful misrepresentations of facts will be charged tuition and fees past due and unpaid at the out-of-state rate.

Applicants will be notified of their residency reclassification status by the Director of Enrollment Services within ten (10) days after submitting this form.

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OFFICE USE ONLY:

Date of admissions application:__________________

Documentation received with admissions application for proof of residency:

________________________________________________________________________

Reclassification _____________________ based on ________________________________

________________________________________________________________________

Certifying Signature_________________________ Date:__________________________

Student ID#/SSN#: ___________________________