



South Carolina Residency Certification Application SREB Contract Program

The Southern Regional Education Board (SREB) Regional Contract Program is a cooperative tuition-savings program. It enables qualified students to pursue a first-professional health degree at selected out-of-state institutions and pay in-state tuition and fees at public institutions and reduced tuition at private institutions. Students who live in South Carolina and want to earn a degree in optometry or veterinary medicine are eligible to participate. Each institution provides a specified number of seats for South Carolina residents in three schools of veterinary medicine (Tuskegee University, University of Georgia, and Mississippi State University), two schools of optometry (Southern College of Optometry and University of Alabama at Birmingham).

Each professional school pledges to admit a specific number of qualified students from other states. Students apply for admission and are responsible for tuition at public institutions, but they are not asked to pay an out-of-state fee. Students have their tuition reduced at private institutions. A student must apply directly to the institution of his/her choice for admission. However, the student **must** be certified as a South Carolina resident prior to being admitted as a contract student. After you are certified as a South Carolina resident we will notify you and the institution(s). Residency status is made in accordance with South Carolina State Code of Regulations Chapter 62, which can be found at www.scstatehouse.gov/coderegs. **NOTE: Certification as a South Carolina resident does not guarantee a contract seat.** The institution(s) makes the final decision regarding admission.

General Instructions/Information:

1. Annual re-certification is not required as long as the student is continuously enrolled.
2. Student must remain a South Carolina resident during enrollment.
3. Student must have been a South Carolina resident during the previous two consecutive years (24 months).
4. This form must be signed and notarized.
5. Answer all questions that apply to your situation.
6. Appropriate documentation must be submitted with the completed application (*Incomplete applications will be returned.*)
7. The SREB Contract seats are ONLY for students entering his/her first year of veterinary or optometry school.
8. All facts of residency and domicile must be documented and must be verifiable.

The burden to provide documentation for any legal residency determination rests with the student. Students are required to provide all evidence necessary to document that they have completed the steps required to establish and/or maintain eligibility for claiming South Carolina as their state of legal residence. Legal residency may not be acquired by an individual while they are residing in South Carolina for the primary purpose of participating in the SREB Contract Program.

The absence of indicia in other states or countries is required before a dependent individual can be certified as a South Carolina resident. Therefore, the parent, spouse or guardian must not be in possession of a driver's license or vehicle registration certificate issued by another state.

Original application & documentation must be mailed to:

Tanya Rogers
SC Commission on Higher Education
1122 Lady Street, Suite 300
Columbia, SC 29201

**South Carolina Residency Certification Application
SREB Contract Program**

CONTACT INFORMATION:

Name: _____
(Last) (First) (Middle)

Social Security # (last four): _____ **Birth date:** _____ **Place of Birth:** _____
(mm/dd/yy) City/State

PERMANENT ADDRESS:

Street address (PO Box not acceptable) _____ (City) _____ (State) _____ (Zip)

Email address: _____

PRESENT ADDRESS:

Street address (PO Box not acceptable) _____ (City) _____ (State) _____ (Zip) **Years at this address:** _____

Send correspondence to my _____ permanent address or my _____ present address.

Date your residence in SC began: _____
mm/dd/yy

Telephone: (H) _____ **(C)** _____ **Email:** _____

ENROLLMENT INFORMATION: Please select the appropriate institution(s).

Is this your first year entering veterinary or optometry school? (circle one) Yes No

(The SREB Contract Program is ONLY for students entering their first year of veterinary or optometry school)

Veterinary Medicine:

_____ Tuskegee University
_____ University of Georgia
_____ Mississippi State University

Optometry Medicine:

_____ Southern College of Optometry
_____ University of Alabama - Birmingham

Projected start date: _____ **Projected date of graduation:** _____
mm/yy mm/yy

RESIDENCY STATUS: Basis of your application for residency status (select one)

- _____ Independent person demonstrating domicile and residency in South Carolina.
_____ Dependent person demonstrating residency and domicile or South Carolina resident parent, guardian, or spouse)
_____ Seeking South Carolina residency status through duty in the armed forces.

Please list the places where you have lived for at least the past five years, beginning with the most recent address:

(Please attach separate sheet if more space is needed.)

Address(1) _____ City/State _____ Start mo./yr. _____ End mo./yr.

Address(2) _____ City/State _____ Start mo./yr. _____ End mo./yr.

Address(3) _____ City/State _____ Start mo./yr. _____ End mo./yr.

PRIOR EDUCATION:

High School: _____ **Graduation Date:** _____
City/State mm/yy

Institutions attended after high school: (Please list ALL institutions. Use separate sheet if more space is needed.)

Institution _____ City/State _____ Start mm/yy _____ End mm/yy Tuition: (in-state of out-of-state)

Institution _____ City/State _____ Start mm/yy _____ End mm/yy Tuition: (in-state of out-of-state)

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

Current Employment Status (Circle one): Full-time Part-time Unemployed

Employer	City/State	Dates employed	FT or PT employment
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Employer	City/State	Dates employed	FT or PT employment
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I am providing verification of SC residency by submitting a copy of: (Check all that apply)

SC Driver's license SC Identification Card
 SC Motor vehicle registration
 Federal **and** state income tax return from previous two years indicating SC domicile.
 Other: (specify) _____

*As the applicant, if you are a **dependent** of your parents/legal guardians/spouse, then that person's supporting documentation indicating SC domicile should be submitted. If you are an **independent** student, then supporting documentation indicating SC domicile should have your name. 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.*

SIGNATURE:

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. I certify that I have been a legal resident of South Carolina for at least two consecutive years prior to the residency application date. I further understand that the completion of this form does not guarantee certification as a Regional Contract Program participant. I understand that those decisions are to be made by the respective institution

Signature of applicant:

Sworn and subscribed to before me on this _____ day of _____, 20____

Notary public's signature _____
Title
(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)

My commission expires: _____