



Application for South Carolina Residency Certification SREB Regional 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).

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. If 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. **NOTE: Certification as a South Carolina resident does not guarantee a contract seat.** The institution(s) makes the final decision regarding admission.

General Information:

- Annual re-certification is REQUIRED.
- You **MUST** remain a South Carolina resident during enrollment.
- You **MUST** have been a South Carolina resident during the previous two consecutive years (24 months).
- This form must be signed and notarized.
- The SREB Contract seats are **ONLY** for students entering his/her first year of veterinary or optometry school.
- All facts of residency and domicile must be documented and must be verifiable.

NOTE: Students who have been awarded a contract seat must be recertified prior to each subsequent academic year for which he/she is enrolled. The deadline for recertification is January 1.

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 access to state supported programs designed to serve South Carolina residents.**

*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:

(fascimiles will not be accepted)

Tanya Rogers
SC Commission on Higher Education
1122 Lady Street, Suite 300
Columbia, SC 29201
803-737-2224

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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) _____

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)

Are you a current contract student applying for residency recertification? (circle one) Yes No
(if yes, please select the institution you attend):

| | |
|------------------------------------|--|
| Veterinary Medicine: | Optometry Medicine: |
| _____ Tuskegee University | _____ Southern College of Optometry |
| _____ University of Georgia | _____ University of Alabama - Birmingham |
| _____ Mississippi State University | |

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

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 two years.)*
- _____ 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.

Please list your addresses for the past five years, beginning with the most recent address:
(Please attach separate sheet if more space is needed.) If dependent, list addresses in individual(s) upon whom you depend. If independent, list your addresses.

| Address | City/State | Start mo./yr. | End mo./yr. |
|------------|------------|---------------|-------------|
| 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 or out-of-state) |
|-------------|------------|-------------|-----------|-------------------------------------|
| Institution | City/State | Start mm/yy | End mm/yy | Tuition: (in-state or 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.*

| Employer | City/State | Dates employed | FT or PT employment |
|----------|------------|----------------|---------------------|
| | | | |
| | | | |

I am providing verification of SC residency by submitting a copy of: (Check all that apply)

Dependent student: Supporting documentation indicating SC domicile should have your parents/legal guardians/spouse's information.

Independent student: Supporting documentation indicating SC domicile should have your information.

SC Driver's license (valid) SC Identification Card
 SC Motor vehicle registration
 Federal **and** state income tax return (**do not send W-2 forms**) from previous two years indicating SC domicile.
 Other: (specify) _____

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.

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:

NOTARY PUBLIC INFORMATION

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

Notary public's printed name

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: _____