

**REQUEST FOR CERTIFICATION
OF
SOUTH CAROLINA RESIDENCY**

The *Academic Common Market* is a cooperative tuition-reduction agreement among the Southern Regional Education Board states. If public institutions in South Carolina do not offer degree programs in your field of study, it may be possible to arrange a waiver of out-of-state tuition to attend a cooperating public institution of higher education in another participating state.

General Instructions

- 1) This form must be submitted for residency certification once the student has been accepted to the specific degree program.
- 2) **A copy of the student's Letter of Admission to the particular Program (the major must be stated) must be sent along with this completed Request.**
- 3) Annual re-certification is not required as long as the student's enrollment is continuous.
- 4) Each appropriate item must be completed before a student's eligibility for out-of-state tuition aid can be determined.
- 5) Particular attention should be paid to the student's residency during the past two years. A cover letter may be added if the student desires to give further information regarding his/her residency status.
- 6) This completed and **notarized** form and a copy of the student's **Letter of Admission** (to the particular program) should be returned to:

**South Carolina Commission on Higher Education
ACM (Academic Common Market) Program
1122 Lady Street, Suite 400
Columbia, SC 29201
803 737-2276**

- 1) Applicant's Name _____
(Last) (First) (M)
- 2) Social Security Number (last four digits only) _____
- 3) Institution you will be attending during period for which out-of-state assistance is requested
_____ Projected Start Date _____
- 4) Exact Title of
Major _____
- 5) Degree (B.A., B.S., M.A., etc.) _____
- 6) School Address (if known) _____
- 7) Permanent Home Address _____
(City) (State) (Zip) Telephone _____
- 8) E-mail address _____
- 9) Place of Birth _____ Date of Birth _____
(City) (State) (Zip)
- 10) Were you claimed as a dependent by your Parent(s), Guardian(s), or Spouse on their most recent
Federal income tax return? Yes _____ No **If No, Please skip to Question #13.**
- 11) Name (s) of Parent(s)/Guardian(s)/or Spouse _____
- 12) Address of Person(s) listed #10 _____
(Street or Box) _____
Telephone _____
(City) (State) (Zip)
- 13) Have your Parent(s)/Guardian(s)/or Spouse lived at the above address for all of the past two years?
_____ Yes _____ No **If No, Please Give Previous Address and Date of Move**

(Street address) (City) (State) (Zip) (Date of Move)

14) Have you lived at this address for all of the past two years? 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)

15) Where and when did you graduate from (or last attend) high school? (Date) _____
 _____ (City) _____ (State) _____ (Zip)
 (Name of School)

16) Institution(s) attended after high school Residency
 _____ From _____ To _____ Degree _____ Status _____
 Institution City/State
 _____ Residency
 _____ From _____ To _____ Degree _____ Status _____
 Institution City/State

17) Are you registered to vote Yes No *If yes, in what state* _____

18) Are you licensed to drive Yes No *If yes, which state issued the license?* _____

19) Is any motor vehicle registered in your name Yes No *If yes, state registered* _____

20) Have you ever served on a jury Yes No *If yes, in what state* _____

21) Have you ever been gainfully employed in South Carolina Yes No
If yes, please provide information below for the past two years.

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

22) **If you answered yes to item #9,** provide employment information for those individuals on whom you are financially dependent (parents/guardians/spouse) that covers the past two years.

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

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

I hereby swear (or affirm) that all entries on this form are accurate.

 Signature (in presence of notary)

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

Signature _____
 Notary Public

My Commission Expires _____