SC Residency **Re-certification** Application
SREB Regional Contract Program

Send application to : Dr. Argentini Anderson SC Commission on Higher Education 1122 Lady Street, Ste. 300 Columbia, SC 29201	**Application deadline: June 1**

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.

Veterinary Medicine:
_____Tuskegee University
_____ University of Georgia
_____ Mississippi State University

Optometry Medicine:
_____ Southern College of Optometry
_____ University of Alabama - Birmingham
_____ Kentucky College of Optometry - Pikeville

Start Date: _____

Expected Graduation Date: _____

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

To provide verification of SC residency submit a copy of <u>all</u> 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)
*SC Motor vehicle registration
*Federal **and** state income tax return from previous year

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:

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.)