

SC Residency Recertification Application

SREB Regional Contract Program



Send application to : Kenita D. Pitts
 SC Commission on Higher Education
 1122 Lady Street, Ste. 400
 Columbia, SC 29201
 803.856.0037

Application deadline:
June 1, 2026

CONTACT INFORMATION:

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

PERMANENT ADDRESS:

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

Telephone: (C) _____ Email: _____

ENROLLMENT INFORMATION: Please select the institution you attend.

Veterinary Medicine:	Optometry Medicine:	Start Date:
<input type="checkbox"/> Tuskegee University	<input type="checkbox"/> Southern College of Optometry	_____
<input type="checkbox"/> University of Georgia	<input type="checkbox"/> University of Alabama - Birmingham	Expected Graduation Year: _____
<input type="checkbox"/> Mississippi State University	<input type="checkbox"/> Kentucky College of Optometry - Pikeville	

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 if more space is needed.

Employer	City/State	Dates employed	FT or PT employment
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To provide verification of SC residency submit a copy of all 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.*

- *Copy of SC Driver's license (valid) *Copy of unofficial transcript
- *Copy of SC Motor vehicle registration
- *Copy of 1098-T (provided by institution)

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: _____

Signature of parent/guardian/spouse: _____

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.)