



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:

____ 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 Year: _____

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.)