

SC Residency Re-certification Application
South Carolina Commission on Higher Education
Southern Regional Education Board Regional Contract Program



Submit completed application to:
Kenita D. Pitts, M.S.
SC Commission on Higher Education
1122 Lady Street, Ste. 400
Columbia, SC 29201
803.856.0037/ kpitts@che.sc.gov

Application deadline:

June 1, 2025

**Applications will not be
accepted after the deadline.**

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, guardian/parent employment information.) Use separate sheet if more space is needed.*

Current Employer	City/State	Dates employed	FT or PT employment
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To provide verification of SC residency must submit a copy of all 3 of the following:

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) applicant and parent/guardian
- SC Motor vehicle registration (parent/guardian if applying as a dependent student)
- 2024 SC State 1040 income tax return **(page that list student as dependent or independent) W2's are not acceptable.**

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 _____, 2025.

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.)

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