

Application for South Carolina Residency Certification SREB Contract Program

CONTACT INFORMATION:

Name: _____
(Last) (First) (Middle)
Social Security # (last four): _____ Birth date: _____ Place of Birth: _____
(mm/dd/yy) City/State

PERMANENT ADDRESS:

Street address (PO Box not acceptable) _____ Years at this address: _____
(City) (State) (Zip)

PRESENT ADDRESS:

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

Send correspondence to my _____ permanent address or my _____ present address.

Date your residence in SC began: _____
mm/dd/yy

Telephone: (H) _____ (C) _____ Email: _____

ENROLLMENT INFORMATION: Please select the appropriate institution(s).

Is this your first year entering optometry school? (check one) Yes No

If you are entering your first year of optometry school, select the institution(s) you are applying to.

Optometry Medicine:

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

Projected start date: _____ Projected graduation date: _____
mm/yy mm/yy

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)*
_____ 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.

Please list your addresses for the past five years, beginning with the most recent address: (use separate sheet, if needed)

If dependent, list addresses of individual(s) upon whom you depend. If independent, list your addresses.

Address(1)	City/State	Start mo./yr.	End mo./yr.
Address(2)	City/State	Start mo./yr.	End mo./yr.
Address(3)	City/State	Start mo./yr.	End mo./yr.

PRIOR EDUCATION:

High School: _____ Graduation Date: _____
City/State mm/yy

Institutions attended after high school: (Please list ALL institutions. Use separate sheet if more space is needed.)

Institution	City/State	Start mm/yy	End mm/yy	In-state or out-of-state tuition
Institution	City/State	Start mm/yy	End mm/yy	In-state or out-of-state tuition

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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
Employer	City/State	Dates employed	FT or PT employment

I am providing verification of SC residency by submitting a copy of: (Please submit at least 2 along with the most current SC State Tax Return)

Dependent student: Send documentation of whomever you're dependent upon as well. Independent student: Send documentation with your information. When sending income tax return, please redact first five numbers of all social security numbers before submission.

_____ SC Driver's license (valid) _____ SC Identification Card
_____ SC Motor vehicle registration
_____ State income tax return (**do not send W-2 forms**) from previous two years indicating SC domicile.
_____ Other: (specify) _____

The South Carolina Commission on Higher Education reserves the right to request additional documentation. Failure to provide the necessary documentation will invalidate your application. Students who are otherwise not residents of South Carolina may not establish legal residence in South Carolina by the mere fact of receiving mail at a South Carolina address or post office box.

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. I certify that I have been a legal resident of South Carolina for at least two consecutive years prior to the residency application date. I further understand that the completion of this form does not guarantee certification as a Regional Contract Program participant. I understand that those decisions are to be made by the respective institution.

Signature of applicant (student):

Signature of parent/guardian/spouse (dependent student only)

NOTARY PUBLIC INFORMATION

Sworn and subscribed to before me on this _____ day of _____, 20____

Notary public's printed name

Notary public's signature

Title

(affix seal to this document, if you are a South Carolina notary and do not have a stamp or seal, please include your title with your signature)

My commission expires: _____