

# COASTAL CAROLINA UNIVERSITY RESIDENCY INFORMATION

All applicants who claim residency in South Carolina or entitlement to in-state tuition are required to provide the requested information. Please complete this form in its entirety. All applicants who fail to complete all residency questions will be classified as non-residents and billed the out-of-state tuition rate. Additional information may be requested per SC Law 59-112.

## Personal information

Name of Student \_\_\_\_\_

Social Security number *or* CCU ID \_\_\_\_\_

Age \_\_\_\_\_ Date of birth \_\_\_\_\_ City and State of birth \_\_\_\_\_

## Residency information

▶ If you are a current High School Student or a **dependent** of a parent or guardian, enter the parent/guardian's information below. (A dependent person is defined as being claimed as a dependent on parent/guardian's federal income tax return.)

▶ If you are an **independent person**, enter your information below. (An independent person is defined as a person who will provide more than half of their financial support for the twelve months immediately preceding the year of their enrollment or re-enrollment. An independent person will not be claimed as a dependent or exemption on anyone's federal income tax return the year of their enrollment or re-enrollment.)

Name \_\_\_\_\_  
Last First Relationship

If parents are divorced or separated, who is (or was) the custodial parent?  Father  Mother  Joint

With whom do you reside?  Self  Both Parents  Father  Mother  Other \_\_\_\_\_

Who claimed you for federal income tax purposes?  Self  Both Parents  Father  Mother  Other \_\_\_\_\_

How long have you/this individual resided in South Carolina? Years \_\_\_\_\_ Months \_\_\_\_\_

List all addresses where you/this individual have lived during the past 48 months, beginning with the current address.

### Length of time lived at this address:

Address (Street, City, State, Zip code) \_\_\_\_\_ From: (month/year) To: (month/year)

Address (Street, City, State, Zip code) \_\_\_\_\_ From: (month/year) To: (month/year)

Address (Street, City, State, Zip code) \_\_\_\_\_ From: (month/year) To: (month/year)

Driver's License: State \_\_\_\_\_ Date issued (mm/dd/yy) \_\_\_\_\_ Check one:  New  Renewed Expiration date \_\_\_\_\_

Vehicle Registration: State \_\_\_\_\_ Date Issued (mm/dd/yy) \_\_\_\_\_ Check one:  New  Renewed Date Issued \_\_\_\_\_

Have you/this individual been employed in South Carolina within the past 12 months?  Yes  No If yes, list employer's information:

Employer \_\_\_\_\_ Dates: From (mm/yy) \_\_\_\_\_ To (mm/yy) \_\_\_\_\_

Full-time **OR**  Part-time City \_\_\_\_\_ State \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

If claim for in-state tuition is based upon **Active Military** assignment in South Carolina, complete the following information. Documents verifying Military Assignment must be submitted to the Office of Admissions, Coastal Carolina University, P.O. Box 261954, Conway, S.C. 29528-6054.

Person on active duty in service:  Self  Spouse  Parent/Guardian \_\_\_\_\_

I certify that all information provided is accurate and complete. I further understand that falsification or failure to provide the correct information may lead to the disqualification of my application for admission to Coastal Carolina University.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(If applicant is under 18 years of age)