Residency Information

If you live in South Carolina, the following questions must be answered completely; otherwise, you will be considered an OUT-OF-STATE student for tuition and fee purposes.

Coastal Carolina University is required under South Carolina Law 59-112 to determine residence classification of applicants and students for purposes of receiving in-state tuition and fees. Substantiating documentation is required to affirm residency status. Additional information may be requested if further clarification is needed.

PART A. STUDENT BACKGROUND

LAST NAME

SOCIAL SECURITY NUMBER – –

FIRST NAME

HOME TELEPHONE

PERMANENT ADDRESS (SKIP ONE BOX BETWEEN NUMBER AND STREET)

CELL TELEPHONE

P.O. BOX, RFD, STREET

CITY STATE ZIP CODE ZIP+FOUR

LIST ALL ADDRESSES WHERE YOU HAVE LIVED FOR MORE THAN 30 DAYS DURING THE PAST 48 MONTHS. BEGIN WITH THE MOST CURRENT ADDRESS.

Address

City State Dates: From (mm/yy) To (mm/yy)

Address

City State Dates: From (mm/yy) To (mm/yy)

PART B. RESIDENCY ISSUES • If the following questions are not completely answered, you will be considered an OUT-OF-STATE student for tuition and fee purposes.

WHO CLAIMED YOU FOR INCOME TAX PURPOSES DURING THE PAST 12 MONTHS? ☐ Self ☐ Other; if other, list name and relationship.

LAST NAME

FIRST NAME RELATIONSHIP

IF YOU ARE A CURRENT HIGH SCHOOL STUDENT OR A DEPENDENT OF A PARENT OR GUARDIAN, ENTER THE PARENT/GUARDIAN'S INFORMATION IN QUESTIONS a-f BELOW.
IF NO ONE CLAIMED YOU FOR INCOME TAX PURPOSES, ENTER YOUR INFORMATION FOR QUESTIONS a-f.

a. HOW LONG HAS THIS INDIVIDUAL RESIDED IN SOUTH CAROLINA? Years Months

b. LIST ALL ADDRESSES WHERE THIS INDIVIDUAL HAS LIVED FOR MORE THAN 30 DAYS DURING THE PAST 48 MONTHS. BEGIN WITH THE CURRENT ADDRESS.

Address

City State Dates: From (mm/yy) To (mm/yy)

Address

City State Dates: From (mm/yy) To (mm/yy)

c. IF THIS INDIVIDUAL MOVED TO SOUTH CAROLINA WITHIN THE PAST FIVE YEARS, WHAT PROMPTED HIS/HER MOVE TO THIS STATE?

☐ Education ☐ Employment ☐ Other - specify

d. PREVIOUS STATE OR COUNTRY OF RESIDENCE:

e. DRIVER'S LICENSE: State Date issued (mm/yy) This is (check one): ☐ New ☐ Renewed Expiration date (mm/yy)

Vehicle registration: State Date issued (mm/yy) Active voter's registration: State Date issued (mm/yy)

f. HAS THIS INDIVIDUAL BEEN EMPLOYED IN SOUTH CAROLINA WITHIN THE PAST 12 MONTHS? ☐ Yes ☐ No If yes, list employer's information:

Dates: From (mm/yy) To Employer

☐ 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 (Documentation verifying military assignment must be submitted.):

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 disqualification of my application for admission to Coastal Carolina University.

Signature of Applicant _____ **Date** _____

Signature of Parent or Legal Guardian (if applicant is under 18 years of age) _____ **Date** _____