



Application for Classification as a South Carolina Resident (Domiciliary) for Tuition and Fee Purposes

- ▶ Return this completed application with copies of all requested documents to the appropriate office before the posted deadline for the term you are requesting resident status.
- ▶ Students currently enrolled at Coastal Carolina University should submit this application to the Office of the Registrar. New students and students applying for readmission to Coastal Carolina University should submit this application to the Office of Admissions.

Coastal Carolina University • P.O. Box 261954 • Conway, SC 29528-6054
New Students: Office of Admissions, 843-349-2151 • Continuing Students: Office of the Registrar, 843-349-2019

Student's name _____
Last First Middle

Social Security number _____ Date of birth _____ Age _____

Marital status _____ If married, date of marriage _____

Coastal Carolina University e-mail address _____

Permanent telephone _____ Present daytime telephone _____

Present address _____

Permanent home address _____

Initial term of enrollment: _____ Term for which I am applying _____

Have you ever applied for South Carolina residency at Coastal Carolina University? Yes No Term(s) _____

Part 1. Purpose for filing (check only one)

- (A) I am requesting resident status on the basis that I am an **independent** person who
- has physically resided and established a permanent home in South Carolina for at least 12 months immediately preceding the term for which I am requesting resident status.
 - is a permanent full-time employee in South Carolina who has been domiciled in the state for less than 12 months.
 - has retired to South Carolina and has been domiciled in the state for less than 12 months.
 - is on active military duty in South Carolina.

- (B) I am requesting resident status on the basis that I am a **dependent** of or a **spouse** of *
- (name) _____, a person who
- has physically resided and established a permanent home in South Carolina for at least 12 months immediately preceding the term for which I am requesting resident status.
 - is a permanent full-time employee in South Carolina who has been domiciled in the state for less than 12 months.
 - has retired to South Carolina and has been domiciled in the state for less than 12 months.
 - is on active military duty in South Carolina.

*(Please skip Parts 2, 3, 4, 5 and Affidavit of Financial Independence.)

Part 2. Domicile information

(A) How long have you physically and continuously resided in South Carolina? From _____ to _____

(B) Date you claim permanent residence in South Carolina began _____

(C) Addresses where you have lived for more than 30 days during the past 24 months. Begin with current address.

Address	City/State	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(D) Do you own or rent your current residence? Own Rent If own, when did you purchase it? _____
If you rent, attach a copy of your current lease and, if possible, the earliest lease you still have.
If you own, show proof of purchase and ownership for your current residence.

(E) Are you a U.S. citizen? Yes No If not, type of visa _____
Alien registration number _____ Date of issue _____
Note: Attach a copy of visa or alien registration card (front and back).

(F) Are all, or substantially all, of your possessions in South Carolina? Yes No
If not, in what state are most of your possessions? _____

(G) Do you have a **checking account at a bank in South Carolina**? Yes No
If yes, how long have you had the account? _____

(H) Do you have a **savings account at a bank in South Carolina**? Yes No
If yes, how long have you had the account? _____

(I) Do you have a checking or savings account at a bank in another state? Yes No
If yes, in what state? _____

(J) Do you have a valid **South Carolina driver's license or state-issued South Carolina ID card**? Yes No
Date of issue _____ *Note: If you have a South Carolina driver's license, attach a photocopy.*
Do you have a valid driver's license from another state? Yes No If yes, in what state? _____

(K) Is the **motor vehicle which you use registered** in your name? Yes No
If not, in whose name is it registered? _____ Relationship _____
In what state is it registered? _____ In what state did you (or current owner) purchase the vehicle? _____
Date purchased _____ Date of current registration certificate _____

Note: If your motor vehicle is registered in South Carolina, attach a copy of the current vehicle registration certificate and, if possible, the earliest registration you still have.

Part 3. Income Tax information

(A) Did you file **federal and state income tax returns** in any state during the past 24 months? Yes No
If yes, when and in what state did you file the returns? _____

Date filed	State	Tax year
_____	_____	_____
_____	_____	_____

(B) Will you file a **state income tax return** for the current tax year? Yes No

If yes, in what state will you file? _____

Note: Attach a signed photocopy of your federal and state income tax return for the previous year.

(C) Person who last claimed you as a dependent (or exemption) on a **Federal income tax return**. Do not list yourself.

Name _____ Relationship _____

City/State of residence of person _____ Tax year person last claimed you as a dependent _____

(D) Will you be claimed as a dependent (or exemption) on someone's **Federal income tax return** for the current year?

Yes No If yes, give name and address of person who will claim you:

Name _____ Relationship _____

City/State of residence of person _____

Part 4. Employment information

(A) List all employment for the previous 24 months. Begin with most recent employment.

Dates From – To	Employer	City/State	Full-time or part-time	Number of hours per week
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(B) If currently employed full-time, do you expect any change in your employment status within the next six months?

Yes No If yes, explain _____

Note: If you are requesting in-state status based on full-time employment in the state, attach a letter (on letterhead stationery or notarized) which states (a) the effective date of your employment in South Carolina, (b) that such employment is on a full-time basis, and (c) the number of hours you work per week (please provide your most recent pay stub that supports this claim) and (d) your eligibility for full-time benefits. Persons who are self-employed should provide a notarized statement certifying the foregoing information and submit a copy of their South Carolina business license.

Part 5. Educational information

(A) List high schools attended:

Dates	Name of high school	City/State
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(B) List all colleges and universities attended. Include attendance at Coastal Carolina University.

Dates	Name of institution	City/State	Full-time or part-time	Resident or non-resident
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Part 6. Domicile of person upon whom in-state determination is to be based, if not self

Name of person _____

Relationship (parent, legal guardian, spouse) _____ *Note: If based on spouse, photocopy marriage license.*

(A) How long has the person been a legal resident of South Carolina? _____

(B) Is this person a U.S. citizen? Yes No If no, type of visa _____ Date of issue _____
Note: Attach photocopy of the person's and your visa or alien registration card (front and back).

(C) Has the person ever claimed you as a dependent (or exemption) for federal income tax purposes?
 Yes No If yes, tax year person last claimed you _____

Will person claim you as a dependent on the current year's federal return? Yes No

(D) Does person have a driver's license? Yes No If yes, in what state? _____ Date of issue _____
Note: If person has a South Carolina driver's license, attach a photocopy of the license.

(E) Does person own a car? Yes No If yes, in what state is the car registered? _____
Date of current vehicle registration certificate _____
Note: If vehicle registered in South Carolina, attach photocopy of current registration certificate.

(F) Did person file a South Carolina income tax return for the previous tax year? Yes No If yes, date filed _____
Will person file a South Carolina return for the tax current year? Yes No *Note: If person filed a South Carolina return for the previous tax year, attach a signed photocopy (financial data on person's tax return may be marked out).*

Part 7. Employment of person upon whom in-state determination is to be based, if not self

(A) List employment of person for last 24 months. (Begin with most recent employment.)

Dates	Employer	City/State	Full-time or		Number of hours per week
			Part-time		
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(B) If person is employed full-time, does person expect any change in full-time employment within the next six months?
 Yes No
Note: If requesting in-state status based on person's full-time employment, attach a letter (on letterhead stationery or notarized) which states (a) the person is employed full-time in South Carolina, (b) the effective date of person's full-time employment in the state, (c) the number of hours person works per week (please provide your most recent pay stub that supports this claim,) and (d) his/her eligibility of full-time benefits. If person is self-employed, attach notarized statement from person certifying the foregoing information and attach copy of person's business license.

Part 8. Military service

(A) Military installation to which you/your sponsor is stationed _____
Date assignment began in South Carolina _____

(B) Expected length of assignment in South Carolina _____
Note: Attach copy of military orders assigning you/your sponsor to active duty in South Carolina.

Part 9. Mandatory

I hereby certify that the information I have 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 _____ Date _____
(if applicant is under 18 years of age)

IMPORTANT: Persons who are found to have made or presented willful misrepresentation of facts to improperly gain South Carolina resident status will be charged tuition and fees past due and unpaid at the out-of-state rates, plus interest at the rate of eight (8) percent per annum, plus a penalty amounting to 25 percent of the out-of-state rate for one semester; and until these charges are paid such students will not be allowed to receive transcripts or graduate from the university.

Residency Checklist

Please submit copies of ALL documents listed below for the category for which you are claiming South Carolina resident status.

Independent status

- South Carolina Driver's License or State Identification Card issued 12 months prior to the beginning of the academic semester
- South Carolina Vehicle Registration Card
- Affidavit of Financial Independence and proof of income (i.e., W-2's and pay stubs)
- Federal Income Tax forms filing as an independent person and showing no one else claims the student in the previous tax year
- South Carolina State Tax Forms
- Proof of a permanent domicile in South Carolina; i.e. copies of all leases during the 12 months preceding term of application, proof of purchase of your current residence

Dependent status

Copies of these documents must be supplied by the person upon whom in-state determination is based:

- South Carolina Driver's License or State Identification Card issued 12 months prior to the beginning of the academic semester
- South Carolina Vehicle Registration Card
- Federal Income Tax Returns demonstrating the relationship to the student in the previous tax year – i.e., claiming the student as a dependent or a joint filer
- South Carolina State Tax Form
- Proof of a permanent domicile in South Carolina; i.e. copies of all leases during the 12 months preceding term of application, proof of purchase of your current residence

Full-time employment or retirement status in South Carolina

- South Carolina Driver's License or State Identification Card
- South Carolina Vehicle Registration Card
- Federal Income Tax Form filing as an independent person in the previous tax year
- State of South Carolina Income Tax Returns
- Letter of full-time employment verification on appropriate corporate letterhead or retirement verification and most recent pay stub or deposit
- Proof of a permanent domicile in South Carolina; i.e. copies of all leases during the 12 months preceding term of application, proof of purchase of your current residence

Active military status

- Military orders assigning applicant or sponsor to active duty in South Carolina

Any and all documentation must be provided that supports a claim of residency for tuition and fee purposes.

Note: Your Application for Classification as a South Carolina Resident will be reviewed by official South Carolina State Auditors
- - retain all documentation regarding your application.



COASTAL CAROLINA UNIVERSITY

Office of Admissions

P. O. Box 261954 • Conway, South Carolina 29528-6054 • 843-349-2170 or 1-800-277-7000

Affidavit of Financial Independence

Name _____ Social Security number _____

Please provide information concerning your sources of funds and expenses for the 12-month period prior to the semester in which you are requesting resident status.

SOURCES OF FUNDS

Your earned income* \$ _____
(must include W-2's and official payroll stubs)

Money from Father _____

Money from Mother _____

Money from Guardian _____

Money from Spouse _____

Veteran Administration benefits* _____

Social Security benefits* _____

Scholarships* _____

Grants* _____

Loans* (excludes Parent Loans) _____

(Type) _____

(Type) _____

Other (Explain)* _____

Total \$ _____

EXPENSES

Rent/Mortgage \$ _____

Utilities _____

Medical/Dental _____

Tuition and Fees _____

Books/Supplies _____

Transportation _____

Auto Insurance _____

Other Insurance _____

Clothing _____

Food _____

Miscellaneous _____

Total \$ _____

*Documentation must be submitted to verify these amounts.

I certify that the information reported on this form is, to the best of my knowledge, correct and complete. I agree to provide, if requested, documentation to confirm my financial independence.

Signature of Student/Applicant _____ Date _____

Note: All information on this form must be completed prior to a review of your residency status.