



APPLICATION FOR RECLASSIFICATION OF RESIDENCY STATUS - EXCEPTIONS

Residency Officer
P.O. Box 1467
Greenwood, SC 29648-1467

This form is to be completed by the independent student who is seeking to establish residency for tuition and fee purposes and who has lived in South Carolina less than 12 months or a dependent student whose parent or legal guardian has lived in South Carolina less than 12 months. Determination of residency status will be made in accordance with the South Carolina Code of Laws, Sections 59-112-10 through 59-112-100. All communication in reference to your residency status will be sent to the e-mail address you provide on this form.

- 1. Name of Applicant: (Last Name) (First Name) (MI)
2. Social Security #: or Student ID #:
3. Address:
4. City: State: Zip Code:
5. Telephone: (Home) (Work) (Cell)
6. E-mail:
7. Driver's License Number: State Issued: Date Issued:

ITEMS 8-11 TO BE COMPLETED ONLY IF YOU ARE AN INDEPENDENT PERSON: An independent person is one who provides more than half of his or her own support for the twelve months immediately prior to the date that classes begin for the semester for which resident status is requested and is not claimed as a dependent or exemption on someone else's federal income tax return the year of enrollment or re-enrollment.

- 8. How long have you been a legal resident of South Carolina? From (month/year) To (month/year)
9. Have you ever been considered a resident of another state for any reason since you have been a legal resident of South Carolina? Yes No If yes, gives dates you were considered a resident of another state. From (month/year) To (month/year)

10. Please provide addresses that you have physically resided for the past two years.

From – To (month/year)	Address	County	City/State/Zip Code
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11. Please provide employment history for the past two years: (If none, state "none")

From – To (month/year)	Employer	City/State/Zip Code	Full-time or Part-time
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**ITEMS 12-18 TO BE COMPLETED ONLY IF YOU ARE A DEPENDENT PERSON:** A dependent person is one who does not provide more than half of his or her own support and whose predominant source of income or support is from a parent, spouse, or guardian twelve months immediately prior to the date that classes begin for the semester for which resident status is requested and/or one who is claimed as a dependent or exemption on the parent, spouse or guardian federal tax return the year of enrollment or re-enrollment.

12. Name of person who claimed you as a dependent or exemption on last year's federal income tax return (or who has legal custody of you): \_\_\_\_\_ Relationship: \_\_\_\_\_  
If the person has legal custody of you, give date legal custody was granted: \_\_\_\_\_

13. Citizenship of person named in Item #12: U.S. Citizen \_\_\_\_\_ Non-U.S. Citizen, Permanent Resident \_\_\_\_\_  
Date residency granted: \_\_\_\_\_ Other (give Visa type): \_\_\_\_\_  
(If person is not a U.S. citizen, attach an official document verifying the person's immigrant status.)

14. How long has person named in Item #12 been a legal resident of South Carolina? \_\_\_\_\_ years  
From (month/year) \_\_\_\_\_ To (month/year) \_\_\_\_\_

15. Addresses where person named in Item #12 has physically resided the past two years.

From – To (month/year)	Address	County	City/State/Zip
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16. Employment of person named in Item #12 for the past two years.

From – To (month/year)	Employer	City/State/Zip	Full time or Part-time
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17. Did the person in Item #12 claim you as a dependent or exemption on his or her last year's federal income tax return?  
Yes \_\_\_\_\_ No \_\_\_\_\_

18. Will you be claimed as a dependent or exemption on the current year's federal income tax return of the person named in Item #12?  
Yes \_\_\_\_\_ No \_\_\_\_\_

## SELECT THE EXCEPTION ON WHICH YOU ARE BASING A RESIDENCY STATUS CHANGE.

All information requested that is listed below the exception that you selected is required for proof of residency. The information requested is required for independent students who completed items 8-11. Students that are dependents and completed items 12-18 are required to provide the information below for the parent or legal guardian on whom they are dependent. Residency status will not be reviewed until all documents are received.

- Active Military Personnel and their Dependents
  - Current military orders
  - If a dependent, most recent tax return of parent or legal guardian
  - Additional documentation may be requested
  
- Full-time Faculty and Administrative Employees of a South Carolina State Supported College or University and their Dependents
  - Statement of full-time employment. The statement must be on company letterhead and include verification of full-time employment and length of employment
  - If a dependent, most recent tax return of parent or legal guardian
  - Additional documentation may be requested
  
- Residents with Full-time Employment and their Dependents
  - A valid South Carolina driver's license, or if a non-driver, a South Carolina Identification Card
  - Establishment of a valid South Carolina domicile. One of the following must be submitted
    - Ownership of principle residence in South Carolina (mortgage agreement on property showing date South Carolina domicile was claimed)
    - A valid lease (copy from the apartment manager's office)
  - A valid South Carolina Vehicle Registration Card
  - If employed full-time or part-time with full-time benefits, a statement of employment on company letter head from the Human Resources Office at your company, with date of hire, and full-time employment status
  - A utility bill for a valid South Carolina residence
  - If a dependent, most recent tax return of parent or legal guardian
  - Additional documentation may be requested
  
- Retired Persons Receiving a Pension or Annuity and their Dependents
  - Establishment of a valid South Carolina domicile. One of the following must be submitted
    - Ownership of principle residence in South Carolina (mortgage agreement on property showing date South Carolina domicile was claimed)
    - A valid lease (copy from the apartment manager's office)
  - Proof of pension or annuity
  - If a dependent, most recent tax return of parent or legal guardian
  - Additional documentation may be requested
  
- Persons on Terminal Leave
  - Establishment of a valid South Carolina domicile. One of the following must be submitted
    - Ownership of principle residence in South Carolina (mortgage agreement on property showing date South Carolina domicile was claimed)
    - A valid lease (copy from the apartment manager's office)
  - Statement on company letter head from employer stating the beginning and ending dates of the terminal leave period and that the person will receive a pension or annuity when retired
  - Additional documentation may be requested

- Veterans and Covered Individuals who Receive Educational Assistance under Chapter 30 or Chapter 33
    - Certificate of Eligibility
    - DD-214
    - Proof of physical address (driver's license, utility bill)
    - Additional documentation may be requested
  
  - United States Citizen Students who are Dependent on an Undocumented Parent or Guardian
    - High school transcript showing number of years of attendance
    - Statement of number of years continuously lived in South Carolina
    - A valid South Carolina driver's license, or if a non-driver, a South Carolina Identification Card
    - A valid South Carolina vehicle registration card if a car is owned
    - Student and parent or legal guardian's prior year South Carolina tax return
    - A statement of employment for the parent or legal guardian on company letter head from the Human Resources Office of the company, with date of hire, and full-time employment status
    - A valid apartment lease or home lease in the name of the parent or legal guardian
    - A utility bill for a valid South Carolina residence in the name of the parent or legal guardian
    - Additional documentation may be requested
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**CERTIFICATION OF APPLICANT:** Please initial certifying you have read and understand the information below:

\_\_\_\_\_ If any piece of documentation points to another state of residency, the applicant will not be considered for in-state tuition.

\_\_\_\_\_ Applicants incorrectly classified as residents are subject to reclassification and to payment of all non-resident tuition not paid. If incorrect classification results from false or concealed facts, such applicants may be charged tuition and fees past due and unpaid at the out-of-state rate. The violator may also be subject to administrative, civil, and financial penalties.

\_\_\_\_\_ If any change occurs that effect residency status it is the responsibility of the student to notify the Residency Officer of such changes.

\_\_\_\_\_ Failure to provide all of the documentation required will result in out-of-state status.

\_\_\_\_\_ Additional documentation may be needed to determine residency.

\_\_\_\_\_ If residency is denied, a new application and new supporting documentation must be submitted for consideration.

\_\_\_\_\_ I have the right to appeal my residency decision to Piedmont Technical College's Residency Appeals Committee.

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

\_\_\_\_\_  
Date

**INTERNAL USE ONLY**

Classification:	In-county	_____	County	_____
	In-state, Out of County	_____		
	Out of State	_____		
	International	_____		

\_\_\_\_\_  
Signature of Piedmont Technical College Official

\_\_\_\_\_  
Date

Institution Notes: \_\_\_\_\_  
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8/4/2016