

## Overview

The College of Charleston is mandated by South Carolina state law to verify a student's residency before the student can be granted in-state status and tuition. The initial residency classification is determined at the time of admission. In addition, a student's residency classification is determined if a student is readmitted to the college or changes academic level (undergraduate to graduate).

Per South Carolina Code Section 59-112-100, College of Charleston students who are currently classified as non-resident for tuition and fee purposes who wish to be classified as a resident for tuition and fee purposes should complete Application for Classification as a South Carolina Resident for Tuition and Fee Purposes and submit the supporting documentation. Students who have truly abandoned their previous domiciles and have decided to make South Carolina their home indefinitely may use this application to initiate the review process that determines whether the student is eligible for resident status. Submitting an application does not guarantee approval. The burden of proof rests with the applicant to show evidence as deemed necessary to establish and maintain their residency status.

## Application Deadlines

Fall Term	<b>July 1<sup>st</sup></b>
Spring Term	<b>November 1<sup>st</sup></b>
Summer Terms	<b>Two weeks</b> prior to the official first day of classes

**New and readmitted students** have until the **official first day of class** to complete and submit the application and supporting residency documentation.

## Here are the basic steps:

1. The student completes the residency application and submits all supporting documentation to Legal Residency Coordinator in the Treasurer's Office **by the application due date**.
2. Based on the student's application and supporting documentation, the Legal Residency Coordinator will determine whether the student has met the statutory requirements to receive resident status for tuition and fee purposes. If the student has met the statutory requirements, the student will be officially notified via email to the student's College issued email address. If the application is conditionally approved, the student must accept the terms and conditions of the acceptance prior to being billed the resident rate for tuition and fees. The Legal Residency Coordinator will also notify the appropriate College of Charleston departments.
3. If the student's Application for Classification as a South Carolina Resident for Tuition and Fee Purposes has been denied by the Legal Residency Coordinator, the student will be officially notified via email to the student's College issued email address. If a student wishes to appeal the decision of the Legal Residency Coordinator, they can submit a letter of appeal outlining the reasons the decision is incorrect along with any additional pertinent documentation to the Legal Residency Office. The letter of appeal must be submitted within **14 calendar days** of the denial date. Please note the Appeals Officer is bound by the same laws as the Legal Residency Coordinator. The appeal process is to review the facts and details of the case and to evaluate the correctness of the determination. **Neither the Appeals Officer nor the Coordinator may waive the provisions of the law. The determination of the Appeals Officer is final.**

## Checklist for Independent Student Applicants

“Independent Person” is defined as one who is in his/her majority (eighteen years of age or older) or an emancipated minor, whose predominant source of income is his/her own earnings or income from employment, investments, or payments from trusts, grants, scholarships, commercial loans, or payments made in accordance with court order. An independent person must provide more than half of his or her support during the twelve months immediately prior to the date that classes being for the semester for which resident status is requested. An independent person cannot claim the domicile of another individual as their own for the purposes of establishing intent to become a South Carolina resident. An independent person must have established his/her own domicile for at least twelve months prior to receiving in-state tuition and fees. An independent person cannot be claimed as a dependent or exemption on the federal tax return of his or her parent, spouse, or guardian for the year in which resident status is requested

### Independent South Carolina Resident

- \_\_\_ Completed and signed Independent Student Application for Classification as a South Carolina Resident for Tuition and Fee Purposes
- \_\_\_ Completed and signed Affidavit of Financial Independence
- \_\_\_ Signed Acknowledgement
- \_\_\_ Notarized Certificate of Independence
- \_\_\_ Copy of South Carolina driver's license or state ID card
- \_\_\_ Copy of South Carolina vehicle registration card(s) for all vehicles
- \_\_\_ Proof of permanent, primary domicile in South Carolina - Acceptable proof includes, but is not limited to:  
Deed, commercial lease, or settlement statement. Private lease agreements will only be acceptable when accompanied by **verifiable** proof of payment (i.e., cancelled checks, money orders, etc.) Cash receipts and notarized statements are not acceptable.
- \_\_\_ Copy of independently filed federal and state tax return **transcripts**
- \_\_\_ Verifiable proof of income and expenses - Acceptable documentation includes, but not limited to:  
Most recent paystub with YTD earnings, W-2s from all employers from the previous twelve months and twelve months of bank statements.

**ALL** documents MUST be twelve months prior to the start of the term in which you are applying for residency status for tuition and fee purposes

### Exceptions

- \_\_\_ **Full-time Employment.** Please attach a letter on letterhead that states (a) the effective date of your employment in South Carolina, (b) that employment is on a full-time basis, (c) the number of hours worked per week (please provide a copy of your most recent paystub showing hours worked) and (d) your eligibility for full-time benefits. **\*Employer must be physically located in South Carolina. Remote work or work from home does not apply for this exception.** *You must plan on keeping your full-time job until your South Carolina driver's license turns a year old.*
- \_\_\_ **Retirement.** If you're an independent student applying as a senior citizen or a retired person, you must show proof you're receiving a retirement pension/annuity that's taxable in South Carolina.
- \_\_\_ **Active Duty Military.** If you're active duty military, please provide copy of orders showing when orders expire. If your Home of Record is in South Carolina, but you're stationed in another state, please provide your DD2058.
- \_\_\_ **Veteran.** If you're retired from active duty military receiving benefits from the GI Bill, please provide your DD214, VA Certificate of Eligibility and proof of residence.

**\*\*This checklist is meant to be a general guide. We reserve the right to ask for additional documentation**

## Independent Student Application for Classification as a South Carolina Resident for Tuition and Fee Purposes

“Independent Person” is defined as one who is in his/her majority (eighteen years of age or older) or an emancipated minor, whose predominant source of income is his/her own earnings or income from employment, investments, or payments from trusts, grants, scholarships, commercial loans, or payments made in accordance with court order. An independent person must provide more than half of his or her support during the twelve months immediately prior to the date that classes being for the semester for which resident status is requested. An independent person cannot claim the domicile of another individual as their own for the purposes of establishing intent to become a South Carolina resident. An independent person must have established his/her own domicile for at least twelve months prior to receiving in-state tuition and fees. An independent person cannot be claimed as a dependent or exemption on the federal tax return of his or her parent, spouse, or guardian for the year in which resident status is requested.

(PLEASE PRINT ALL INFORMATION)

Student’s Name: \_\_\_\_\_  
Last First Middle

CWID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Marital Status: \_\_\_\_\_ College Issued Email: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Are you a US citizen? \_\_\_ Yes \_\_\_ No If no, please provide a copy of your Permanent Residence Card or valid Visa

Have you ever applied for South Carolina residency with College of Charleston? \_\_\_ Yes \_\_\_ No Term: \_\_\_\_\_

Undergraduate / Graduate (circle one) Initial Term of Enrollment: \_\_\_\_\_

Term I am requesting resident status to begin: \_\_\_\_\_

**I have read the requirements, and I am requesting resident status based on the provision that I am an INDEPENDENT person who (check only one):**

\_\_\_\_\_ Has physically resided and established a permanent domicile in my name in South Carolina for at least twelve continuous months immediately prior to the start of the term I am applying.

\_\_\_\_\_ Is a permanent, full-time employee of a business physically located in South Carolina who has been domiciled for less than twelve months.

\_\_\_\_\_ Is retired, receiving a taxable pension or annuity and has been domiciled for less than twelve months.

\_\_\_\_\_ Is a full-time employee of another South Carolina institution of higher learning.

\_\_\_\_\_ Is on active military duty (please skip to part 14)

\_\_\_\_\_ Is discharged from military service and using veteran’s benefits (please skip to part 15)

**South Carolina Code Section 62-605(a):**

*Resident status may not be acquired by an applicant or student while residing in South Carolina for the primary purpose of enrollment in an institution or for access to state supported programs designed to serve South Carolina residents. An applicant or student from another state who comes to South Carolina usually does so for the purpose of attending school. Therefore, an applicant or student who enrolls as a non-resident in an institution is presumed to remain a non-resident throughout his or her attendance and does not qualify under any of the residency provisions*

1. What was your specific reason for moving to South Carolina? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. First step you took to establish domicile in South Carolina \_\_\_\_\_  
 Date: \_\_\_\_\_
3. Beginning with your current address, list the periods, and the specific address(es) at which you lived for the previous twelve months:

From Month/Year	To Month/Year	Address in detail

4. Do you own any real property in any state? \_\_\_ Yes \_\_\_ No  
 If yes, what is the city, state, and date of purchase for that property \_\_\_\_\_  
 \_\_\_\_\_
5. Do you currently have a valid South Carolina driver's license or state ID card? \_\_\_ Yes \_\_\_ No  
 When were you first licensed in South Carolina? \_\_\_\_\_ Date of last renewal \_\_\_\_\_  
 If you do not currently hold a South Carolina driver's license or state ID card, indicate the state in which you do hold a driver's license or state ID card? \_\_\_\_\_ Date acquired: \_\_\_\_\_  
 Date of last renewal: \_\_\_\_\_  
 Have you ever held a driver's license or state ID card in another state? \_\_\_ Yes \_\_\_ No  
 If yes, which state? \_\_\_\_\_ Dates held \_\_\_\_\_
6. Do you own or operate a motor vehicle? \_\_\_ Yes \_\_\_ No In what state is that vehicle registered? \_\_\_\_\_  
 If registration is in South Carolina, what month and year was it first registered? \_\_\_\_\_  
 Whose name is the vehicle registered? \_\_\_\_\_  
 If other than yours, indicate relationship to you \_\_\_\_\_
7. Are you registered to vote in South Carolina? \_\_\_ Yes \_\_\_ No  
 If yes, please indicate the date of registration and district \_\_\_\_\_  
 Are you registered to vote in any other state? \_\_\_ Yes \_\_\_ No  
 If yes, please indicated the state, date of registration and last election in which you voted?  
 \_\_\_\_\_

8. Did you file any income tax returns for the previous year?  Yes  No If yes, state filed? \_\_\_\_\_  
 Will you file an income tax return for the current tax year?  Yes  No If yes, which state? \_\_\_\_\_  
 Will you be claimed as a dependent on someone's federal tax return for the current year?  Yes  No  
 Person who last claimed you as a dependent on a federal tax return (do not list self)  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 State person resides \_\_\_\_\_ Tax year claimed as dependent \_\_\_\_\_

9. Employment: List (in order of most recent) all full and part-time employment during the previous 12 months

Employer/Contact	Full/Part Time	Hrs/Wk	Location City/State	Phone #	From month/year	To month/year	Salary

NOTE: If you are requesting in-state status based on full time employment in the state, attach a letter on letterhead that states (a) the effective date of your employment in South Carolina, (b) that employment is on a full-time basis, (c) the number of hours worked per week (please provide your most recent paystub showing hours worked) and (d) your eligibility for full time benefits

10. Do you have a checking or savings account?  Yes  No If yes, type \_\_\_\_\_  
 If yes, how is the account(s) funded? \_\_\_\_\_  
 \_\_\_\_\_

Do you have a trust or similar fund set up through the court?  Yes  No  
 If yes, who has controlling responsibility of that fund? \_\_\_\_\_

11. How is your tuition paid to College of Charleston? \_\_\_\_\_  
 Are you currently receiving any type of financial assistance?  Yes  No  
 If yes, indicate the assistance and amount (for bank loans, indicate the location (city and state) of lender.)  
 \_\_\_\_\_  
 \_\_\_\_\_

Do any bank loans or outside scholarship awards require legal residences in that state to qualify?  
 Yes  No If yes, what state \_\_\_\_\_

Did you receive any type of financial assistance from College of Charleston last year including grants, scholarships, graduate assistantship, or work-study programs?  Yes  No  
 If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

12. Has your parent, spouse or legal guardian provided you with financial support within the past twelve months? \_\_\_ Yes \_\_\_ No If yes, indicate the amount and type of assistance \_\_\_\_\_

\_\_\_\_\_

Estimate your total yearly expenses \$ \_\_\_\_\_ Your total earned income \$ \_\_\_\_\_

13. Is it your present intention to remain in South Carolina indefinitely? \_\_\_ Yes \_\_\_ No  
If yes, what is the basis for this decision? \_\_\_\_\_

\_\_\_\_\_

14. Are you an active member of the US Military? \_\_\_ Yes \_\_\_ No  
Are you currently stationed in South Carolina? \_\_\_ Yes\* \_\_\_ No  
*\*If yes, please attach copy of orders showing expiration date*  
Is your home of record in South Carolina? \_\_\_ Yes\* \_\_\_ No  
*\*If yes, please attach copy of DD2508*

15. Are you, a veteran receiving educational benefits from the GI Bill? \_\_\_ Yes\* \_\_\_ No  
Date entered into military \_\_\_\_\_ Home of record \_\_\_\_\_  
Most recent duty station \_\_\_\_\_  
Date of discharge \_\_\_\_\_ Years of service \_\_\_\_\_  
*\*Please provide a copy of your DD214, copy of VA Certificate of Eligibility and proof of residence*

**I hereby certify that the information I provided is accurate and complete. I further understand that falsification or failure to provide the correct information may lead to disqualification of my application. I understand and agree that all documentation submitted to support the application becomes property of College of Charleston.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Affidavit of Financial Independence

(To be completed by Applicant)

Student Name: \_\_\_\_\_ CWID: \_\_\_\_\_

**Please provide information concerning your yearly budget expenses and sources of income for the previous twelve months prior to the term you are applying for resident status for tuition and fee purposes.**

Expenses (i.e., telephone bill, rent, etc.)	Annual Cost (Estimate)	Payor and Source of Funds
Rent/Mortgage payment	\$	
Groceries/food	\$	
Utilities	\$	
Repairs/Maintenance	\$	
Clothing	\$	
Health Insurance	\$	
Car Insurance	\$	
Car Payments	\$	
Medical/dental	\$	
Education (tuition plus supplies/books)	\$	
Travel, recreation, entertainment, other	\$	
<b>Total</b>	<b>\$</b>	

Sources of financial support/income	Amount
Your earned taxable income* <i>Paystubs and W-2s <b>must</b> be provided showing income totals</i>	\$
Veterans Benefits*	\$
Social Security Benefits*	\$
Scholarships	\$
Grants	\$
Loans (NOT Parent Loans)	\$
Other*, _____	\$
<b>Total</b>	<b>\$</b>

\*Documentation **must** be provided to verify income

**I certify that the information on this form is, to the best of my knowledge, correct and complete. I understand that additional documentation may be requested to confirm my financial independence at any time during the application process.**

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

## Certificate of Independence

(MUST be completed **entirely** or will be rejected)

We/I \_\_\_\_\_ of \_\_\_\_\_,  
(Parent(s)/Legal Guardian) (Student Name)

\_\_\_\_\_, declare under oath this \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_\_ that we reside at  
(CWID) (Day) (Month) (Year)

\_\_\_\_\_ in \_\_\_\_\_,  
(Street Address) (State) (County)

We/I will NOT claim \_\_\_\_\_ as a dependent or exemption on our/my 20\_\_\_\_\_ federal  
(Student Name)

income tax returns and provide a copy of the return **transcripts** no later than **May 1** of the applicable tax year.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Notary Public Stamp and Seal

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature \_\_\_\_\_

Notary Public for the State of \_\_\_\_\_

My Commission Expires \_\_\_\_\_



## Acknowledgment\*

College of Charleston's Legal Residency Coordinator cannot provide advice to students or other parties regarding a student's ability to meet residency requirements for tuition and fee purposes.

College of Charleston may initiate a reclassification inquiry at any time after the occurrence of events or a change in facts give rise to a reasonable doubt about the validity of existing residential classification.

Submission of the application indicates applicant's acknowledgement that College of Charleston may verify all documents and information included with or referred to in this application.

Documentation submitted in support of an Application for Classification as a South Carolina Resident for Tuition and Fee Purposes becomes property of College of Charleston and **will not be returned** to the applicant.

College of Charleston reserves the right to request additional documentation in support of an Application for Classification as a South Carolina Resident for Tuition and Fee Purposes. Requests for additional documentation will be sent to the student's College issued email and must be submitted within **14 calendar days** of the request. If the additional documents are not submitted, the College of Charleston reserves the right to deny and close the application.

I certify that all the information and documentation provided in this application is true and accurate. I understand that this application is legally binding and that if I provide fraudulent information, I may be required to pay additional tuition and fees and I may also be subject to dismissal or other sanctions. I agree to furnish the College with supporting documentation related to my application if I am requested to do so.

**I have read, understand, and agree to the above statements.**

---

Student Signature

---

Date

---

Student Printed Name

**\*Application will NOT be reviewed or considered without signed Acknowledgement.**