

**MILITARY AND MILITARY DEPENDENTS
APPLICATION FOR SOUTH CAROLINA RESIDENT CLASSIFICATION
FOR FEE PURPOSES AT THE COLLEGE OF CHARLESTON**

Legal Residency Office, 170 Calhoun Street
Charleston, South Carolina 29424-0001
TEL 843/953-7311/7312 FAX 843/953-3906

APPLICATION DEADLINES: July 1 (Fall) and November 1 (Spring). Deadline for Maymester and Summer Sessions is two weeks prior to the official first day of class. All documentation must be completed by the official first day of class or application will be denied for that semester.

Student's Name _____
Last First Middle

SS# _____ Date of Birth _____ Age _____

Marital Status _____ If married, date of marriage _____

Present Address _____

_____ E-mail _____ Phone _____

Permanent Address _____

Name and address of military parent, spouse, or legal guardian _____

Undergraduate/Graduate Student (Circle one). Semester & date of original enrollment in CofC _____

Semester and year I am requesting in-state status to begin _____

I am requesting resident status on the basis that:

_____ I am on active military duty in SC. (Attach copy of orders and military ID card)

_____ My parent, legal guardian, or spouse is on active military duty in SC. (Attach copy of orders and your dependent ID card)

_____ My parent, legal guardian, or spouse's home of record/state of legal residence is SC. (Attach copies of SC Full-year Resident income tax returns filed continuously during military service, and your dependent ID card)

Are you, your parent, spouse, or legal guardian a US citizen? _____

Visa or Alien Registration number _____ Date of issue _____
(Attach a photocopy of front and back of Visa or Alien Registration card.)

Will you file a state income tax return for the current tax year? _____ If so, in what state will you file? _____

Were you claimed as a dependent on someone's income tax return for the previous year? _____ If so, whose? _____

Will you be claimed as a dependent on someone's income tax return for the current year? _____ If so, name and relationship of person who will claim you _____

APPLICANT'S SIGNATURE

DATE

