



INDEPENDENT RESIDENCY FORM

The purpose of this form is to provide residency information that was not completed on the Application for Admission. If your residency classification has been determined as out-of-state due to less than 12 months residency in South Carolina on all documentation or if you are a continuing student, complete the Independent Residency Reclassification Application or contact the Residency Coordinator at residency@tcl.edu. Additional information about residency requirements, based on SC Statute 59-112-100, may be found online at www.che.sc.gov.

An "independent person" is defined as one (eighteen years of age or older) or an emancipated minor, who must provide more than half of his or her support, cannot be claimed as a dependent or exemption on the federal tax return of his or her parent, spouse, or guardian, and cannot claim the domicile of another individual as their own for the purposes of establishing intent to become a South Carolina resident.

STUDENTS HAVE ONE ATTEMPT TO COMPLETE THIS FORM ENTIRELY. INCOMPLETE INFORMATION WILL BE ASSESSED AS OUT-OF-STATE.

STUDENT/APPLICANT INFORMATION

First Name: _____ Last Name: _____ Term applying for: _____

Student ID No: _____ Date of Birth (mm/dd/yy): ____/____/____

Do you reside in South Carolina? Yes No If yes, date present stay began: ____/____/____

Do you reside in ?Beaufort/Jasper/Hampton/Colleton County? Yes No If yes, date present stay began: ____/____/____

What is your address? (Street, City, State, Zip Code): _____

With whom do you reside? Self Both Parents Father Mother Spouse Other _____

Who claims you for Federal income tax purposes? Self Both Parents Father Mother Spouse Other _____

Are you licensed to drive? Yes No If no, do you have a State Issued Identification Card? Yes No

State: _____ Issue Date: ____/____/____ Renewed Transferred from another state First Issued

Do you have a vehicle registered in your name? Yes No

State: _____ Issue Date: ____/____/____ Renewed Transferred from another state New Purchase

What is your employment status? Full-Time Part-Time Unemployed Retired Disabled

Employer Name: _____ Date of Hire: ____/____/____

What is your citizenship status? US Citizen Permanent Resident Other – Specify: _____
(Provide copy of card) (Additional information may be needed)

APPLICANT CERTIFICATION

I hereby certify that all responses on this application are true and accurate. I understand that any misrepresentation of residency information may result in the payment of non-resident tuition, withdrawal from the college, or other disciplinary action.

Student Signature _____ Date ____/____/____

The Technical College of the Lowcountry is committed to a policy of equal opportunity for all qualified applicants for admissions or employment without regard to race, gender, national origin, age, religion, marital status, veteran status, disability, or political affiliation or belief.