



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 Dependent 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.

A "dependent person" is defined as one whose predominant source of income or support is from payments from a parent/spouse/guardian who claims the dependent person on his/her Federal income tax returns. Your residency claim will be based upon that person's information.

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): ____/____/____

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

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 _____

Parents/Guardian Marital Status: [] Single/Never Married [] Married [] Divorced/Separated [] Widowed [] Re-Married [] N/A

If parents are divorced or separated, who is the custodial parent? [] Father [] Mother [] Joint Custody [] N/A

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

PARENT(S), SPOUSE, OR LEGAL GUARDIAN INFORMATION

First Name: _____ Last Name: _____ Relationship: _____

Does this person reside in South Carolina? [] Yes [] No If yes, date present stay began: ____/____/____

Does this person reside in Beaufort/Jasper/Hampton/Colleton County? [] Yes [] No If yes, date present stay began ____/____/____

What is his/her address? (Street, City, State, Zip Code): _____

Is this person licensed to drive? [] Yes [] No If no, does this person have a State Issued Identification Card? [] Yes [] No

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

Does this person have a vehicle registered in his/her name? [] Yes [] No

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

If your parent/spouse/guardian relocated to South Carolina, what was the previous state of residence? _____

What is this person's employment status? [] Full-Time [] Part-Time [] Unemployed [] Retired [] Disabled

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

What is this person's 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.