

Petition for Classification as a South Carolina Resident

This form is to be completed by persons seeking classification as a South Carolina resident for admission and/or tuition and fee purposes.

Determination of residency depends, in part, upon two principal criteria:

1. continuous presence in the State for the past 12 months, except for temporary periods of absence during which time residency in the State is maintained.
2. a preponderance of evidence initiated at least 12 months before residency is sought that demonstrates that South Carolina is the petitioner's true, fixed, and permanent home and place of habitation; and is the place where the petitioner intends to remain and to which the petitioner expects to return after a temporary absence during which time there has been no intent to establish domicile in another state.

To guarantee timely processing, the residency form must be completed, signed, appended with supporting documents as needed, and returned (postmarked or delivered) as follows.

FOR ADMISSION: Applicants wishing to be considered as a resident of the State of South Carolina FOR ADMISSION PURPOSES must be found to possess in-state residency prior to the time a final admission decision is made by the University. Therefore, applicants seeking to have their eligibility for admission determined according to the academic standards used for South Carolina residents should submit ALL documentation postmarked or delivered within 14 calendar days from the date a request for petition is made.

FOR TUITION PURPOSES: Students who are seeking re-classification as in-state residents must submit ALL documentation postmarked or delivered by:

July 1 for Fall Semester

November 1 for the Spring Semester

March 1 for the Summer Semester

Documents received after that date can be guaranteed review only for a later semester. Return the form and required documents to:

University Residency Officer
Office of Enrollment Management
Medical University of South Carolina
45 Courtenay Drive, MSC 203
Charleston, SC 29425-2030

Failure to include all required documents will jeopardize opportunity for a timely review. Petitioners will be notified once by email when documents are found to be missing. Forms or materials submitted after deadlines will be processed as soon as possible but without guarantee for the day of registration for the next semester.

There is no provision for retroactive tuition adjustments except in instances of error by the University. Appeals to the decision of the University Residency Officer must be addressed to University Counsel, 274 Calhoun Street, MSC 204, Charleston, SC 29425-2040. Appeals should include updated or corrected information as well as a copy of the Residency Officer's denial.

A complete copy of the South Carolina Code of Laws pertaining to the determination of residency status, including the regulatory guidelines promulgated by the State of South Carolina Commission on Higher Education, are available on the Web at http://academicdepartments.musc.edu/esl/em/records/forms/petition_sc_resident.html.

Petitioner's Name: _____
Last First M.I.

PVID, or CollegeNet ID: _____ Email: _____ Date of Birth: _____

Permanent Phone: (_____) _____ Present Daytime Phone: (_____) _____

Present Address: _____
Street / Box / Route City State Zip

Permanent Home Address: _____
Street / Box / Route City State Zip

Semester and year you are requesting in-state status to begin: _____

Please indicate the college to which you are applying or in which you are currently enrolled and your status:

- Dental Medicine Medicine Health Professions Status: Part-time Non-degree
 Graduate Studies Nursing Pharmacy Full-time

Citizenship (check only one)

- U.S. citizen
 Not U.S. citizen, but permanent resident of U.S. – Date permanent resident status granted _____
 Other: give visa type _____

If you are not a U.S. citizen, attach photocopy of official document verifying immigrant status.

PART 1. Filing Status (check only one)

- (A) I am requesting resident status on the basis that I am an independent person who has physically resided and established a permanent home in South Carolina for the previous twelve months.
(Complete Parts 2, 3, 4, 5, 6, and 10)

- (B) I am requesting resident status on the basis that I am a dependent of a person who has physically resided and established a permanent home in South Carolina for at least twelve months immediately preceding the date I am requesting resident status.
Name of person upon whom you are dependent: _____
Relation to you: _____
(Complete Parts 4, 7, 8, and 10)

- (C) I am requesting resident status on the basis that:
- I am a dependent person and my spouse, (name) _____ is ...
 - I am a dependent person and my parent, (name) _____ is ...
... a **full-time employee** in South Carolina who has been a permanent resident in this state for less than twelve months.
(Complete Parts 4, 7, 8, and 10)
 - I am a **full-time employee** in South Carolina who has been a permanent resident in the state for less than twelve months.
(Complete Parts 2, 3, 4, 5, 6, 7 and 10)

- (D) I am requesting resident status on the basis that:
- I am a dependent person and my spouse, (name) _____ is ...
 - I am a dependent person and my parent, (name) _____ is ...
... **retired**, receiving a retirement pension or annuity, and has been a permanent resident in the state for less than twelve months.
(Complete Parts 7, 8, and 10)

I am **retired**, receiving a retirement pension or annuity, and have been a permanent resident in the state for less than twelve months. (Complete Parts 2, 3, 4, 5, 6, and 10)

(E) I am requesting resident status on the basis that

I am a dependent person and my spouse, (name) _____ is ...

I am a dependent person and my parent, (name) _____ is ...

I am...

... on active **military** duty in South Carolina. (Complete Parts 9 and 10)

PART 2. Personal Statement

(A) Date I came/returned to South Carolina: _____

(B) Date I claim permanent residence in South Carolina established/re-established: _____

(C) Provide in the space below a clear and complete statement covering the following items and any other facts and circumstances which, in your opinion, established legal residence in South Carolina. Attach another sheet if necessary.

(1) Purpose for coming/returning to South Carolina;

(2) When you decided to establish/re-establish permanent residence in South Carolina;

(3) Factors which influenced your decision to establish/re-establish permanent residence on date given in (B) above;

(4) Immediate and long-range plans

(5) Reasons why you expect to move out of state after completing your studies or to remain in South Carolina indefinitely.

PART 3. Domicile Information

(A) Addresses where you have lived during the past 24 months:

ADDRESS

CITY/STATE

DATES

(B) Do you own or rent your place of residence? rent own If own, when did you purchase it? _____
City/State of residence: _____ **** Attach a photocopy of lease/mortgage.**

(C) Are all, or substantially all, of your possessions in South Carolina? yes no

If not, in what state are most of your possessions? _____

(D) Do you have a checking account at a bank in South Carolina? yes no If so, how long have you had the account? _____

(E) Do you have a savings account at a bank in South Carolina? yes no If so, how long have you had the account? _____

(F) Do you have a checking or savings account in another state? yes no If so, in what state? _____

(G) Do you have a valid driver's license? yes no If so, what state issued it? _____

Date of issue: _____ **** If you have a South Carolina license, attach a photocopy.**

(H) Is the motor vehicle which you use registered in your name? yes no

If not, in whose name is it registered? _____ Relationship _____

In what state is this vehicle registered? _____ Date of current registration certificate: _____

**** If this motor vehicle is registered in South Carolina, attach a photocopy of current vehicle registration certificate.**

(I) Did you file state income tax returns in any state during the past 24 months? yes no

If so, in what state did you file the returns?

STATE

YEAR

DATE FILED

**** If filed state returns the previous tax year, attach photocopy of the first page and signature page, if applicable, of each return. Also, attach a copy of federal returns and W-2 forms for the previous tax year.**

(J) Will you file a state income tax return for the current tax year? yes no If so, in what state will you file? _____

PART 4. Financial Information

(A) Sources and percentages of support for twelve months immediately preceding the term for which in-state status is requested:

Parents ____%; Spouse ____%; Your Employment ____%; VA benefits ____; Social Security ____%; Student Financial Aid ____%; other sources (specify _____ %; _____ %) Total must equal 100%.

(B) Person who last claimed you as a dependent (or exemption) on a federal income tax return: (Do not list yourself)

Name _____ Relationship _____

City/State of residence of that person _____

Tax year that person last claimed you as a dependent (or exemption): _____

(C) Will you be claimed as a dependent (or exemption) on someone's income tax return for the current year? yes no

If so, give the name of the person who will claim you:

Name _____ Relationship _____

Address _____

PART 5. Employment Information

(A) List all employment for previous 24 months:

DATES	EMPLOYER	CITY/STATE	FULL-TIME OR PART-TIME	NO. HOURS PER WEEK
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(B) If currently employed, do you expect any change in your employment status within the next six months? yes no

If so, explain: _____

**** If you are requesting in-state status based on full-time employment in the state, attach a letter, on letterhead stationery, from your employer. The letter needs to state: (a) the effective date of your employment in South Carolina, (b) that such employment is on a full-time basis, and (c) the number of hours you work a week. Persons who are self-employed should provide a notarized statement certifying the foregoing information and submit a copy of their South Carolina business license.**

**** If you are requesting in-state status based on your retirement, attach official documentation which verifies that you receive a retirement pension or annuity.**

(C) Are you a health care professional licensed to practice in South Carolina? yes no

**** If yes, attach photocopy of current license.**

PART 6. Educational Information

(A) List high school(s) attended:

DATES	NAME OF HIGH SCHOOL	CITY/STATE

(B) List all colleges and universities attended (include attendance at MUSC): (attach additional sheet if necessary)

DATES	NAME OF INSTITUTION	CITY/STATE	FULL-TIME OR PART-TIME	RESIDENT OR NON-RESIDENT

PART 7. Domicile of Person Upon Whom In-State Determination Is To Be Based (To be completed if you are a dependent person.)

Name of person: _____ Relationship: _____

(A) How long has person physically resided in South Carolina as a legal resident of the state? _____, from _____ to _____

(B) Is this person a U.S. citizen? yes no If not, what type of visa does this person hold: _____
Date of issue: _____ **** Attach photocopy of the person's visa or alien registration card (front and back)**

(C) Has this person ever claimed you as a dependent (or exemption) for federal income tax purposes? yes no
If so, tax year person last claimed you? _____ Will person claim you as a dependent (or exemption) on current year's federal return? _____

**** If claimed as a dependent (or exemption) the previous tax year, attach photocopy of first page and signature page, if applicable, of person's federal income tax return for the previous tax year. The financial data on the return may be marked out. Verification of efile should be included if applicable.**

(D) Does person have a driver's license? yes no If so, in what state? _____
Date of Issue: _____ ****If person has a South Carolina driver's license, attach photocopy of license.**

(E) Does person own a car? yes no If so, in what state is the car registered? _____
Date of vehicle registration certificate _____
**** If vehicle registered in South Carolina, attach a photocopy of current registration certificate and previous registration certificates showing registration with the state for at least twelve months.**

(F) Did person file a South Carolina income tax return for the previous tax year? yes no If so, date filed: _____
Will person file a South Carolina return for the current tax year? yes no
**** If person filed a South Carolina return for the previous tax year, attach a photocopy of the first page and signature page, if applicable. Also, attach a copy of all other state returns filed for the previous tax year. The financial data on the return may be marked out. If taxes were filed electronically, please provide efile verification.**

(G) Does person own or rent a home in South Carolina? rent own If own, date purchased: _____
**** Attach a photocopy of lease/mortgage for previous twelve months.**

(H) Addresses where person has lived during the past 24 months:

ADDRESS	CITY/STATE	DATES

PART 8. Employment of Person Upon Whom In-state Determination is to be Based (To be completed if you are a dependent person.)

(A) List employment of person for past 24 months:

DATES	EMPLOYER	CITY/STATE	FULL-TIME OR PART-TIME	NO. HOURS PER WEEK

(B) If person is employed, does person expect any change in his/her employment status within the next six months? yes no

If so, explain: _____

**** If you are requesting in-state status based on person's full-time employment in the state, attach a letter (on letterhead stationary) from person's employer. The letter needs to state: (a) the effective date of person's employment in South Carolina, (b) that such employment is on a full-time basis, and (c) the number of hours person works a week. Persons who are self-employed should provide a notarized statement certifying the foregoing information and submit a copy of their South Carolina business license.**

**** If you are requesting in-state status based on person's retirement, attach official documentation which verifies that the person receives a retirement pension or annuity.**

PART 9. Military Service

(A) Military installation to which you/your sponsor are/is stationed: _____

Date assignment began in South Carolina: _____

(B) Expected length of assignment in South Carolina: _____

**** Attach a photocopy of military orders or other official documentation which verifies the date you/your sponsor's active duty assignment began in South Carolina.**

(C) You/your sponsor's state of legal residence: _____

**** Attach photocopy of military paperwork showing your/your sponsor's record of residence.**

**** If you are a dependent person, attach a photocopy of sponsor's federal income tax return for the previous tax year. The financial data on the return may be marked out. (Tax return submitted must be signed.)**

Part 10. Certification

I hereby certify that the information I have provided is accurate and that I am making this application in good faith based on a belief that I am a legal resident of South Carolina. I understand that if facts provided are false or concealed, I may be charged for past tuition at non-resident rates; I may be subject to administrative, civil, and financial penalties; and I may be denied transcripts and graduation. Scanned or facsimile copies of signatures shall be considered valid and enforceable.

Signature

Date

Interpretation of Residency Requirements

I. Definition of Terms

- A. STUDENT shall mean any person enrolled for studies in the Medical University of South Carolina.
- B. RESIDENCE or RESIDE shall mean continuous and permanent physical presence within South Carolina. (Temporary absences for short periods, e.g. vacations, shall not affect the establishment of residence.)
- C. DOMICILE shall mean a person's true, fixed, principal residence; it shall indicate the place where such person expects to remain and to which the person expects to return upon leaving without establishing a new domicile in another state. Housing provided by the university does not constitute a place of principal residence.
- D. IN-STATE RATES shall mean charges for tuition and fees established for persons who are domiciled in South Carolina according to the "STATEMENT governing South Carolina domicile." OUT-OF-STATE RATES shall mean charges for tuition and fees established for persons who are not domiciled in South Carolina according to the STATEMENT.
- E. INDEPENDENT PERSON shall mean a person in his/her majority (18 years or older) or an emancipated minor for whom 50% or more support is his/her own earnings or income from employment, investments, or payments from trusts, grants, scholarships, loans or payments of alimony or separate maintenance resulting from court order.
- F. DEPENDENT or DEPENDENT PERSON shall mean one for whom more than 50% financial support is from a parent, spouse, or guardian and who qualifies as a dependent on the federal tax return of the parent, spouse or guardian. DEPENDENT or DEPENDENT PERSON shall not mean a person who is the recipient of alimony or separate maintenance payments resulting from court order.
- G. MINOR shall mean a person who has not reached the age of eighteen years.
- H. EMANCIPATED MINOR shall mean a minor whose parents have entirely surrendered the right to care, custody and earnings of the minor and are no longer under any legal obligation to support or maintain the minor.
- I. PARENT shall mean a person's natural or adoptive mother or father; or if one parent has custody of the child, that parent having custody; or if there is a guardian or other legal custodian, that guardian or legal custodian. Guardianship or legal custodianship created primarily for the purpose of conferring South Carolina domicile for tuition and fee purposes on the dependent person shall not be given such effect.
- J. SPOUSE shall mean husband or wife of a married person.

II. Indicators of Legal Domicile

- A. Before applicants are eligible for in-state consideration they must reside in the state for at least twelve months after taking positive steps which reflect intent to establish a permanent home in South Carolina. Examples of evidence usually include the following:
 - 1. Financial independence from parents residing in another state or country during the 12 months immediately preceding the date of matriculation.
 - 2. Reliance on South Carolina resources for financial support.
 - 3. Designating South Carolina as the permanent address on all academic and employment records, including pertinent military records (if applicable).
 - 4. Possession of a South Carolina drivers license (**in possession for at least one year**).
 - 5. Possession of a vehicle registration certificate (**in possession for at least one year**).
 - 6. Verification that a South Carolina income tax return has been filed for the prior year.
 - 7. Evidence of housing occupancy in petitioner's name (**for at least one year**).
 - 8. South Carolina employment for at least 37.5 hours/week for at least one year or verification from employer that employment will continue for at least one year.
 - 9. Licensing for professional practice (if applicable) in South Carolina.
 - 10. The absence of these indicia in other states during the period for which domicile in South Carolina is asserted.
- B. The source of income and employment including those times when the student is not enrolled should be in South Carolina.
- C. Credentials for residency of independent persons should be those of the applicant and not credentials of the parents.
- D. Marriage to a South Carolina resident is only one indicator of in-state residency and does not automatically classify a person as possessing such.

III. Non-Indicators of Legal Domicile

- A. Residence status may not be acquired by an applicant or a 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.
- B. Persons classified as exemptions (or dependents) for federal income tax purposes of guardians or legal guardians who are domiciliaries of another state are ineligible to pay in-state tuition and fees.
- C. Merely residing in the State for twelve months is not sufficient to qualify a person for in-state tuition and fees.
- D. Foreign students are presumed not to be domiciliaries. However, certain types of visas may qualify a person for in-state. Aliens should consult with the Office of Enrollment Management regarding their individual situation.

Note: When an applicant/student is granted residency, based on employment status, military status, or status as a full-time faculty member or dependent of a South Carolina university, he/she may be subject to an annual review of status.