



UNIVERSITY OF SOUTH CAROLINA BEAUFORT

## APPLICATION FOR SC RESIDENT ("IN-STATE") TUITION

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### SECTION A: STUDENT INFORMATION

Today's Date: \_\_\_\_\_ First Semester (Re)Enrolling at USCB: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

USC/VIP ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a Senior Citizen SC applying for the tuition waiver for SC residents age 55+?  Yes  No

If you are a transfer or change of campus student, were you previously enrolled at a SC college/university where you paid the resident ("in-state") tuition rate in the most recent term attended?  Yes  No

If yes, please list the college/university: \_\_\_\_\_

What is your personal citizenship status?  US Citizen  US Permanent Resident  Visa holder  DACA

If you are a visa holder, please indicate which type of visa you have: \_\_\_\_\_

**Are you applying as financially independent or financially dependent? CHOOSE ONE.**

*PLEASE NOTE: Unless you are in the military, married, or have a dependent of your own, the state of SC automatically considers any student under the age of 25 to be dependent on a parent or guardian. This means that the student's residency is the same as his/her parent's residency unless the student can prove independence. If a student under age 25 can prove that he/she provides the majority of his/her own financial support, maintains his/her own residence in his/her own name, and files his/her own taxes, then he/she may apply as independent. If you choose "independent" and are under the age of 25, you will be required to provide multiple pieces of documentation to demonstrate independence.*

- Independent - I'm age 25+ (and not claiming dependency on spouse)
- Independent - I'm under age 25, will provide financial documentation
- Independent - I'm under age 25, serving in military
- Independent - I'm under age 25, married (but not claiming dependency on spouse)
- Independent - I'm under age 25, have a child/dependent
- Independent - I'm an emancipated minor, homeless youth, etc. *Please specify:* \_\_\_\_\_
- Dependent (under age 25 and dependent parent/legal guardian, or dependent on spouse)

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**SECTION B: RESIDENCY INFORMATION**

**If you are applying as independent, please provide the following information for YOURSELF. If you are applying as dependent, please provide the following information for THE PERSON YOU ARE DEPENDENT ON.**  
*PLEASE NOTE: If listing someone other than yourself, the person must be your lawful spouse, custodial parent, or have legal guardianship of you if you wish to use their information for residency purposes. Documentation of marriage, custody (if parents are separated/divorced/never married) or legal guardianship may be requested. Specific documentation will also be required for anyone who is (or is dependent on) a permanent resident, visa holder, here under DACA, or undocumented.*

**Full Name:** \_\_\_\_\_

**Citizenship Status:**  US Citizen     US Permanent Resident     Visa holder     DACA     Undocumented

**What is this person's relationship to the student?**

Self     Spouse     Parent     Grandparent     Other: \_\_\_\_\_

**Address History**

**Please enter all addresses at which the person named in Section B resided for the last two years, as well as the approximate dates resided there. If the person still resides there, you may list the end date of the current address as "present." Please list dates in the format of MM/DD/YYYY.**

1. \_\_\_\_\_ to \_\_\_\_\_  
Street Address Dates

\_\_\_\_\_  
City/State/Zip

2. \_\_\_\_\_ to \_\_\_\_\_  
Street Address Dates

\_\_\_\_\_  
City/State/Zip

3. \_\_\_\_\_ to \_\_\_\_\_  
Street Address Dates

\_\_\_\_\_  
City/State/Zip

4. \_\_\_\_\_ to \_\_\_\_\_  
Street Address Dates

\_\_\_\_\_  
City/State/Zip

**Tax Information**

Did person named in Section B file a tax return in any state for the most recent tax year? Yes No

If no, why not?

100% disabled Unemployed Didn't earn enough to file State doesn't require income taxes

Please list most recent year that the person in Section B filed a state tax return: \_\_\_\_\_  
Year State

If dependent on someone else, did the person named in Section B claim you as a dependent on taxes?

Yes No, I (student) file my own taxes

If dependent on someone else, will the person in Section B claim you as a dependent during the year you start classes at USCB? Yes No

State where student's mother resides: \_\_\_\_\_ State where student's father resides: \_\_\_\_\_

*If parent is deceased, write "deceased." If location is unknown, write "unknown." If parent is in another country, please list last known country of residence.*

**DMV Information**

Please provide the driver's license or state ID number for the person named in Section B:

\_\_\_\_\_  
DL or ID Number / \_\_\_\_\_ / \_\_\_\_\_  
Date of Issue State of Issue

This driver's license or state ID card was:

New (first time in this state) New (replacement, updated address or REAL ID) Renewal

Please provide the vehicle registration information for the person named in Section B or anyone in their household:

\_\_\_\_\_  
Name(s) on Registration / \_\_\_\_\_ / \_\_\_\_\_  
Date of Issue State of Issue

This registration was: New (first time in this state) New (due to purchase of new vehicle) Renewal

Check here if you are independent but do not own a vehicle or drive a vehicle registered to someone else.

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### SECTION C: EXEMPTIONS TO OUT-OF-STATE TUITION

Some students may qualify to pay the resident ("in-state") tuition rate--even if they are not SC residents— under specific provisions allowed by the South Carolina Commission on Higher Education. Please select the provision that best applies to the student. If student does not fall into any of these categories, please choose "N/A." PLEASE NOTE: Specific documentation will be required for each of these exemptions in order to be reviewed for the resident ("in-state") rate. You will be notified at the email address provided in Section A as to what is required of you.

I (student) am applying for the SC Resident ("In-State") Tuition rate based on one of the following provisions:

- I am active duty military currently stationed in SC
- I am the dependent of active duty military currently stationed in SC
- I was discharged from the military within the last 3 years and have relocated to SC
- I am dependent on someone discharged from the military in the last 3 years & am using Ch. 30 or 33
- I am a retired person who has recently relocated to SC
- I am dependent on a retired person who has recently relocated to SC
- I am a full-time employee working in the state of SC who has lived in the state less than 1 year
- I am dependent on a full-time employee working in the state of SC who has lived in the state less than 1 year
- I am a faculty or staff member of a SC public college or university
- I am dependent on a faculty or staff member of a SC public college or university
- I am a resident of a bordering county of Georgia (Bryan, Chatham, Effingham County)
- I am dependent on a resident of a bordering county of Georgia (Bryan, Chatham, Effingham County)
- N/A

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### SECTION D: SIGNATURE AND ACKNOWLEDGEMENTS

By signing below, I certify that the information I have provided is true and accurate to the best of my knowledge. I understand that additional information or documentation may be required to determine my residency status and will be notified via email if such need arises.

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Student Signature

Date

**IF YOU HAVE QUESTIONS OR CONCERNS REGARDING THIS FORM OR SC RESIDENCY REQUIREMENTS, PLEASE CONTACT OUR SC RESIDENCY COORDINATOR at (843) 208-8125 or [RBEACH@USCB.EDU](mailto:RBEACH@USCB.EDU).**

FOR OFFICE USE ONLY	
SC RESIDENT	NR – 2DD2 DEP
SC RESIDENT – SC CITIZ	NR – RET
NON-RESIDENT	NR – RET DEP
NR – 2REC	NR – FTE
NR – 2MIL	NR – FTE DEP
NR – 2MLD	NR – SC PC/U EMP
NR – 2DD2	NR – SC PCU EMP DEP