

Application for Reclassification of Residency Status for Tuition and Fee Purposes

Instructions:

- ✓ Complete the top portion of this form.
- ✓ Choose ONE basis for reclassification (Part 2) and complete it as requested.
- ✓ Provide supporting documentation as requested.
- ✓ Sign and date the form at Part 11.
- ✓ Return the form to the Residency Coordinator. **If approved-Residency changes are made based on the earliest enrollment in a reporting term up to the end of the Refund period for that semester/term. If that date has passed then the change will be effective the next reporting term.**

*NOTE: You are a **dependent** student if you are claimed as a dependent by anyone for income tax purposes or if someone provides more than half of your support. You are an **independent** student if you are **NOT** claimed as a dependent by anyone for income tax purposes and you provide more than half of your support.*

Applicant's Name: _____ Social Security Number: _____

Marital Status: _____ Date of Marriage: _____

Present Address: _____ Permanent Address: _____

Phone number where you can be reached during the day: _____

Part 1: Adjustment Being Requested

I am requesting that my residency be changed to:

In-state/out of county _____ County name: _____

In-state/in-county _____ County name: _____

I am requesting an adjustment of status be made for the _____ semester.

Part 2: Requested Basis for Reclassification

I believe that I am qualified for reclassification of residency based on the following: **(SELECT ONE)**

CHECK ONE	STATEMENT OF QUALIFICATION	PARTS TO COMPLETE
1A.	I am an independent person who has established and maintained legal residency in South Carolina (or in Fairfield, Lexington and/or Richland County) for at least 12 months prior to the first day of classes for the term for which I am requesting the change be made effective.	3,4,5,6,7,11
1B.	I am the dependent of a person described in 1A.	3,8,9,11
2A.	I am an independent person employed full time in South Carolina, although my legal residency in South Carolina (or in Fairfield, Lexington or Richland County) is less than 12 months prior to the first day of classes for the term for which I am requesting the change be made effective.	3,4,5,6,7,11
2B.	I am the dependent of a person described in 2A.	3,8,9,11
3A.	I am a member of the United States Armed Forces stationed on active duty in South Carolina.	10A ,11
3B.	I am the dependent of a person described in 3A.	10A,11
4A.	I am a member of the United States Armed Forces and will be terminal leave status the first day of classes for the term I am requesting that this change be effective.	3,4,10,11
4B.	I am the dependent of a person described in 4A.	3,8,10,11

	5A.	I have been a member of the United States Armed Forces stationed on active duty in South Carolina (or in Fairfield, Lexington or Richland County). I was discharged less than 12 months before the first day of classes for the term I am requesting this change be effective. My intent is to establish legal residency in South Carolina/Fairfield, Lexington or Richland County.	3,4,10,11
	5B.	I am the dependent of a person described in 5A.	3,5,8,10,11
	6.	I am the dependent of a member of the United States Armed Forces who was assigned on active duty in South Carolina (or in Fairfield, Lexington or Richland County). The military person upon whom I am dependent has been reassigned from the area and I wish to continue to be categorized as an in-state/in-county student.	10,11
	7A.	I am a full time faculty or administrative employee of a South Carolina state-supported college or university.	3,6,11
	7B.	I am the dependent of a person described in 7A.	3,8,9,11
	8A.	I am a retired person receiving a pension or annuity. I established legal residency in South Carolina (or in Fairfield, Lexington or Richland County) less than 12 months prior to the term for which the change is requested.	
	8B.	I am the dependent of a person described in 7A.	3,8,9,11
	9A.	I am a South Carolina (or in Fairfield, Lexington or Richland County) resident who has served in (is serving in) the United States Armed Forces. I have claimed South Carolina as my state of legal residency during my military service.	3,4,10,11
	9B.	I am the dependent of a person described in 9A.	3,5,10,11

Part 3: Personal Statement

I came or returned to South Carolina on this date: _____. I established my legal residency in South Carolina/Fairfield, Lexington or Richland County on this date: _____.

Part 4: Legal Residency Information

1. Addresses where you have physically resided for the past two years:

Beginning date	Ending date	Address	County	City/State/Zip Code

2. What is your county and state of residence? _____
3. Are you a United States citizen? _____ If not, what type of visa do you hold? _____
A# _____ Date of issue: _____
Provide a copy of your United States Citizenship and Immigration Services information.
4. Do you have a valid driver's license? _____ State of issue: _____ Date of issue: _____
Provide a copy of your driver's license.
5. Do you have a motor vehicle registered in your name? _____ **Provide a copy of your vehicle registration.** If not, in whose name is it registered? _____ Their relationship to you: _____
State/county of issue: _____ Date of issue: _____

6. Did you file state income taxes in any state during the past 24 months? _____

Please complete the portion below.

State where filed	Tax year	Date filed

7. Will you file a state income tax return for the current tax year? _____

- a. In what state will you file the return? _____
- b. Have you for any reason ever been considered a resident of another state? _____
- c. List states of previous legal residency. _____
- d. When were you considered a resident in another state? _____
- e. **Provide proof of state income tax and federal income tax return.**

8. Who last claimed you as a dependent or exemption for federal income tax purposes? _____

- a. Relation of this person to you. _____
- b. When did this person last claim you as a dependent or exemption? _____
- c. Will this person claim you as a dependent or exemption this year? _____
- d. Is this person a legal resident of South Carolina? _____
- e. How long have they been a legal resident of South Carolina? _____
- f. **If you were claimed as a dependent, provide a copy of the front page and signature page of that person's federal and state income tax returns.**

Part 5: Financial Information

1. Where do you receive your funds for living and school expenses? What percentage of support do they provide?

Parents _____ %	Student Financial Aid _____ %
Your Job _____ %	Other sources (list them) _____ %
VA Benefits _____ %	_____ %
Social Security _____ %	_____ %

Part 6: Employment Information

1. List all employment for the past 12 months

Beginning date	Ending date	Employer	Full or part time	City/State/Zip Code

2. If you are currently employed full time, do you expect any change in your employment during the next year? _____

If yes, explain: _____

If you are requesting change of residency status based on employment, provide a letter on company letterhead from your employer. The letter should state your hire date and the number of hours you work per week, along with any benefits you receive. If you are self-employed, attach a copy of your South Carolina business license.

3. If you are retired and collecting a pension or annuity, what was the date of retirement? _____

Provide a copy of documentation confirming retirement and receipt of pension or annuity.

Part 7: Educational Information

1. List last high school attended:

Dates	High School	Location

2. Last college or university attended:

Dates	University or College	Location	Full time or Part Time	Residency Status There

Part 8: Legal Residency of Person Upon Whom I Am Dependent

1. Name of the person upon whom I am dependent: _____
- a. Relationship of this person to you. _____
- b. When did this person last claim you as a dependent or exemption? _____
- c. Will this person claim you as a dependent or exemption this year? _____
- d. Is this person a legal resident of South Carolina? _____
- e. How long have they been a legal resident of South Carolina? _____
- f. If you were claimed as a dependent or exemption, provide a copy of the front page and signature page of that person's federal and state income tax returns.**

2. Is this person a United States citizen? _____ If not, what type of visa do they hold? _____

A# _____ Date of issue: _____

Provide a copy of their United States Citizenship and Immigration Services information.

3. Does this person have a valid driver's license? _____ State of issue: _____ Date of issue: _____

Provide a copy of their driver's license.

4. Is this person currently registered to vote? _____ State/county of issue: _____ Date of issue: _____

Provide a copy of their voter's registration card.

4. Does this person have a motor vehicle registered in their name? _____ **Provide a copy of registration.**

State/county of issue: _____ Date of issue: _____

6. Did this person file state income taxes in any state during the past 24 months? _____

Please complete the portion below.

State where filed	Tax year	Date filed

Part 9: Employment Of The Person Upon Whom I Am Dependent

1. List all employment for this person during the last 12 months

Beginning date	Ending date	Employer	Full or part time	City/State/Zip Code

2. If this person is currently employed full time, do they expect any change in employment during the next year?

____ If yes, explain: _____

If you are requesting change of residency status based on employment of the person who claims you as a dependent or exemption, provide a letter on company letterhead from their employer. The letter should state their hire date and the number of hours they work per week, along with any benefits they receive. If they are self-employed, attach a copy of their South Carolina business license.

3. If the person who claims you as a dependent or exemption is retired and collecting a pension or annuity, what was the date of retirement? _____

Provide a copy of documentation confirming retirement and receipt of pension or annuity.

Part 10: United States Armed Forces
(Choose one category as it applies to you.)

1. Active duty

- a. Military installation/location where you or your sponsor is assigned: _____
b. Date assignment began: _____
c. **Provide a copy of your military ID or dependent card and a copy of military orders assigning you or your sponsor to active duty in South Carolina.**

2. In Terminal Leave Status

- a. Dates of you or your sponsor's terminal leave: From ____/____/____ to ____/____/____.
b. Sponsor's official retirement date: ____/____/____.
c. **Provide a copy of retirement orders and terminal leave, order or statement from your personnel officer.**

3. Discharged less than 12 months from term of enrollment

- a. Dates you or your sponsor were assigned in South Carolina/Fairfield, Lexington or Richland County. From ____/____/____ to ____/____/____.
b. **Provide a copy of you or your sponsor's final DD Form 214.**

4. Dependent of a military person reassigned from South Carolina/Fairfield, Lexington or Richland County

- a. Dates your sponsor were assigned in South Carolina/Fairfield, Lexington or Richland County. From ____/____/____ to ____/____/____.
b. **Provide a copy of the military orders reassigning you or your sponsor from South Carolina/Fairfield, Lexington or Richland County and a copy of your military ID or dependent card.**

5. Maintained South Carolina/Fairfield, Lexington or Richland County legal residency while in the United States Armed Forces.

- a. Dates of you or your sponsor's active service: From ____/____/____ to ____/____/____.
b. **Provide a copy of military documentation showing that you or your sponsor maintained South Carolina as state of legal residence.**

Part 11: Certification and Signature

I hereby certify that the information I have provided is accurate and that I am making this application in good faith based on the belief that I am eligible to pay tuition and fees at the rate afforded to legal residents of South Carolina and/or Fairfield, Lexington or Richland County.

Signature of applicant: _____ Date: _____

IMPORTANT: Persons who gain resident status improperly by making or presenting willful misrepresentations of facts will be charged tuition and fees past due and unpaid at the out of state or out of county rate (whichever applies from their original residency classification) They will also be charged interest at a rate of 8% per annum, plus a penalty amounting to 25 %of the out of state or out of county rate for one semester. Until these charges are paid such students will not be allowed to receive transcripts or graduate from any state institution in South Carolina.

Midlands Technical College

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