

APPLICATION FOR RECLASSIFICATION OF RESIDENCY STATUS FOR TUITION AND FEE PURPOSES



Instructions

- › The student should complete this form.
- › Put a check mark beside ONE Category in (Part 2), and complete the Parts listed to the right of the category.
- › Provide supporting documentation as requested for each question where a document is needed.
- › Sign and date the form at Part 11.
- › Return the form to the SC Residency and Merit Admissions Manager. Submitting this application does NOT automatically mean you are qualified for a Residency Status change. If approved-there are no retroactive Residency changes for previous semesters. You have to qualify for the change. If you qualify, you will be refunded the difference in what you paid and the amount you owe at the new status. The deadline for submitting this application is 8 days before the “25% refund date” for that term. If that date has passed then the change will be effective the next term. To qualify for a change for the 10 week term you cannot be enrolled in the Full Term. To qualify for a change for the 7 week term you cannot be enrolled in the Full Term or 10 Week Term.

This application will be evaluated in approximately 5 to 10 school days. All notifications concerning this application will be sent to your MyMTC email. FAXED OR COLOR DOCUMENTS WILL NOT BE ACCEPTED. Submission instructions are on the last page.

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 and is eligible to claim you as a tax dependent. You are an independent student if you are NOT claimed as a dependent by anyone for income tax purposes, you provide more than half of your support and your name is on the place where you are living.

Name

Social Security Number

Marital Status

Date of Marriage

Phone Number

Present Address

Permanent Address

PART 1: ADJUSTMENT BEING REQUESTED

I am requesting that my residency be changed to: (Put a check mark beside either In-County or Out of County)

Out of County County name: _____

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: (Check 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 full time faculty or administrative employee of a South Carolina state-supported college or university.	3, 6, 11
4B.	I am the dependent of a person described in 4A.	3, 9, 11
5A.	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.	3, 4, 6, 11
5B.	I am the dependent of a person described in 5A.	3, 8, 9, 11
6A.	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, 10D, 11
6B.	I am the dependent of a person described in 6A.	3, 8, 10D, 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

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

BEGINNING DATE	END DATE	ADDRESS	COUNTY	CITY / STATE / ZIP

Provide a copy of your lease or purchase information (ex. paid tax receipts for 2 years, mortgage agreement) showing the past 12 months (front page and signature page) (Does not have to be 12 months if you are applying for an employment waiver of the 12 months).

- › What is your county and state of residence? _____
- › Are you a United States citizen? Yes No ; If not, what type of document (visa, green card) do you hold?
 _____ A# _____ Date of issue: _____ Expiration date: _____
 Provide a copy of your United States Citizenship and Immigration Services information.
- › Do you have a valid driver's license or State ID? _____ State of issue: _____ Date of issue: _____
 Provide a copy of your driver's license or ID. If you are trying to change from Out-of-County to In-County you also need to: submit a 3 year Record from the DMV (Department of Motor Vehicles)
- › Do you have a motor vehicle(s) registered in your name? Yes No
 Provide a copy of your vehicle registration(s).
 If not, in whose name is it registered? _____ Their relationship to you: _____
 State/county of issue: _____ Date of issue: _____
- › Did you file state income taxes in any state during the past 24 months? Yes No
 Please complete the portion on the next page.

STATE WHERE FILED	TAX YEAR	DATE FILED

- › Will you file a state income tax return for the current tax year? Yes No
 - a. In what state will you file the return? _____
 - b. Have you for any reason ever been considered a resident of another state? Yes No
 - 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. If you are not required to report your income, provide documentation of your monthly income. (ex. VA Benefits, Disability benefits etc.)
- › 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? Yes No
 - d. Is this person a legal resident of South Carolina? Yes No Which county? _____
 - 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

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

Parents: _____ % Your Job: _____ % VA Benefits: _____ %

Social Security: _____ % Student Financial Aid: _____ %

Other Sources (list them and percentages): _____

PART 6: EMPLOYMENT INFORMATION

- › List all employment for the past 12 months

BEGINNING DATE	END DATE	EMPLOYER	FULL OR PART TIME	CITY / STATE / ZIP

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, the fact that you work full time and the number of hours you work per week. If you work less than 37.5 hours per week then the letter must state that you are eligible for full time benefits. Provide a copy of your paystub. If you are self-employed, attach a copy of your South Carolina business license. If your residency is change, based on employment you are agreeing to continue to work at this level until your documents become a year old.

- › If you are currently employed full time, do you expect any change in your employment during the next year? Yes No If yes, explain: _____
- › 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

DATES	HIGH SCHOOL	LOCATION

DATES	UNIVERSITY / COLLEGE	LOCATION	FULL-TIME /PART-TIME	RESIDENCY STATUS

PART 8: LEGAL RESIDENCY OF PERSON UPON WHOM I AM DEPENDENT

- › 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. If they did not claim you as a tax exemption in the current tax year did you file a federal tax return yourself?
 - Yes No If Yes Provide a copy of your federal tax return
 - d. Will this person claim you as a dependent or exemption this year? Yes No
 - e. Is this person a legal resident of South Carolina? _____
 - f. How long have they been a legal resident of South Carolina? _____
 - g. 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. If they are not required to report their income-provide documentation of their monthly income. (ex. VA Benefits, Disability benefits etc.)
- › Is this person a United States citizen? Yes No ;If not, what status (visa, green card) do they hold? _____
 _____ A# _____ Date of issue: _____ Expiration date: _____

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

- › Are you a United States Citizen? _____ If not, Please provide your Immigration Service document.
- › Does this person have a valid driver’s license or State ID? Yes No
 State of issue: _____ Date of issue: _____
Provide a copy of their driver’s license or SC ID. If you are trying to change from Out-of-County to In-County you also need to: submit their 3 year driving Record from the DMV (Department of Motor Vehicles).
- › Does this person have a motor vehicle(s) registered in their name? Yes No Provide a copy of registration(s).
 State/county of issue: _____ Date of issue: _____
- › Did this person file state income taxes in any state during the past 24 months? Yes No

Please complete the portion below.

STATE WHERE FILED	TAX YEAR	DATE FILED

Addresses where they have physically resided for the past two years.

BEGINNING DATE	END DATE	ADDRESS	COUNTY	CITY / STATE / ZIP

***Provide their lease or purchase information (ex. paid tax receipt for 2 years or mortgage) for their home for the last 12 months. If applying for an employment waiver of the 12 months then provide the lease or purchase information that is in effect now.

PART 9: EMPLOYMENT OF THE PERSON UPON WHOM I AM DEPENDENT

List all employment for this person during the last 12 months

BEGINNING DATE	END DATE	EMPLOYER	FULL-TIME OR PART-TIME	CITY / STATE / ZIP

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 the fact that they work full time and the number of hours they work per week. If they work less than 37.5 hours per week the letter must state that they are eligible for full time benefits. Provide a copy of their paystub. If they are self-employed, attach a copy of their South Carolina business license. If your residency is changed based on their employment—they are agreeing to continue to work at this level until their documents become 12 months old.

- › If this person is currently employed full time, do they expect any change in employment during the next year?
 Yes No If yes, explain: _____
- › 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.

- › A. Active duty
 - a. Military installation/location where you or your sponsor is assigned: _____
 - b. Date assignment began: _____
 Present your military ID so that information can be obtained from it and a copy of the Permanent Change of Station orders. If Air Force, stationed at Shaw Air Force Base—also provide a copy of the RIP, SURF or MPF-current duty information if the PCS orders do not have the report date.
- › B. 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.
- › C. Dependent of a military person reassigned from South Carolina/Fairfield, Lexington or Richland County
 - a. Dates your sponsor was assigned in South Carolina/Fairfield, Lexington or Richland County.
 From ____ / ____ to ____ / ____ . Provide document.
 - 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.
- › D. 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. A DD214 when you or your sponsor enlisted and an older LES from 12 months ago.

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.

 Student Signature

 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.

HOW TO SUBMIT this form and the needed documents: email, postal mail or in person. All copies/scans should be in “grayscale” or “black and white” only. Light but readable. Please, no color copies.

Return this application to:

Admissions Office | Midlands Technical College | Attn: SC Residency and Merit Admissions Manager: Molly Shealy
 PO Box 2408 Student Center Room 243 | Columbia, SC 29202 | shealym@midlandstech.edu | 803.822.3378