

WINTHROP UNIVERSITY RESIDENCY INFORMATION FOR GRADUATE APPLICANTS

All applicants who claim residency in South Carolina or entitlement to in-state tuition are required to provide the requested information.

NOTE: Please complete this form in its entirety. Incomplete forms will be returned for completion. Additional information may be requested per SC Law 59-112.

1. Name of Student: _____
Last First Middle Suffix (Jr. III, etc.)
2. Social Security Number **OR** Winthrop ID _____ Date of Birth: _____ Age: _____
3. City and state of birth: _____ Country (not county) of birth _____
4. Marital Status: Single Married - Date of Marriage: Month _____ Year _____
5. When do you claim that your legal residence in South Carolina began?
You: Month/Year _____
Spouse: Month/Year _____ Not applicable Parent/Guardian: Month/Year _____ Not applicable
6. Have you or your spouse been in active military service within the last two years?
You: Yes No Not applicable
Spouse: Yes No Not applicable Parent/Guardian: Yes No Not applicable
7. Provide the permanent home address (do not use Post Office box number) of each person listed below.
- | Name and mailing address: | Length of time lived at this address: |
|--|---------------------------------------|
| You: _____
Address (Street, City, State, ZIP) | From: (month/year) To: (month/year) |
| Spouse: _____
Address (Street, City, State, ZIP) | From: (month/year) To: (month/year) |
| Parent/Guardian: _____
Address (Street, City, State, ZIP) | From: (month/year) To: (month/year) |
8. If length of time at the address in #7 is **less than** eighteen months, provide information on the previous address.
- | Name and mailing address: | Length of time lived at this address: |
|--|---------------------------------------|
| You: _____
Address (Street, City, State, ZIP) | From: (month/year) To: (month/year) |
| Spouse: _____
Address (Street, City, State, ZIP) | From: (month/year) To: (month/year) |
| Parent/Guardian: _____
Address (Street, City, State, ZIP) | From: (month/year) To: (month/year) |
9. What is the citizenship status of each person listed below?
- | | | | |
|------------------|-------------------------------------|---|---|
| You: | <input type="checkbox"/> US Citizen | <input type="checkbox"/> US Permanent Resident- Effective Date: _____ | <input type="checkbox"/> Foreign Citizen with valid Visa - Visa Type: _____ |
| Spouse: | <input type="checkbox"/> US Citizen | <input type="checkbox"/> US Permanent Resident- Effective Date: _____ | <input type="checkbox"/> Foreign Citizen with valid Visa- Visa Type: _____ |
| Parent/Guardian: | <input type="checkbox"/> US Citizen | <input type="checkbox"/> US Permanent Resident- Effective Date: _____ | <input type="checkbox"/> Foreign Citizen with valid Visa- Visa Type: _____ |
10. What is the current employment status of each person listed below? (*If not employed, please also indicate below.*)
- | | | | | |
|------------------|----------|------------------|--|----------------|
| You: | Employer | City, State, ZIP | Beginning month and year of employment | Hours per week |
| Spouse: | Employer | City, State, ZIP | Beginning month and year of employment | Hours per week |
| Parent/Guardian: | Employer | City, State, ZIP | Beginning month and year of employment | Hours per week |
11. a. For the **tax year preceding the year of your enrollment***, what will be/ was your **federal income tax filing status?** (check one)
- I will file a return as a single filer I will file a joint return with my spouse
 I was claimed as a dependent by: Name: _____ Relationship: _____
- b. The **state income tax return filing status** for the person(s) checked in #11a was or will be:
- | | | |
|----------------|--|------------------------|
| Tax Year: 2009 | Filing Status: <input type="checkbox"/> resident <input type="checkbox"/> non-resident <input type="checkbox"/> part-year resident | For which state? _____ |
| Tax Year: 2010 | Filing Status: <input type="checkbox"/> resident <input type="checkbox"/> non-resident <input type="checkbox"/> part-year resident | For which state? _____ |

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.

Signature _____ Date: _____