

**WINTHROP UNIVERSITY GRADUATE SCHOOL  
Residency Information for Tuition Purposes**

All applicants who claim residency in South Carolina or entitlement to in-state tuition are required to provide the requested information. Please complete this form in its entirety. Additional information may be requested per SC Law 59-112. If you are under the age of 25 or were claimed as a dependent by a parent/guardian last year then you must provide the parent/guardian information requested. **Failure to provide any of the requested information will result in out of state tuition. You will then be required to complete a full Residency Application and provide additional documentation to be considered for in-state tuition.**

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

City of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Date of Birth: (Month/Day/Year) \_\_\_\_\_ Age: \_\_\_\_\_

Driver's License or state-issued ID State: \_\_\_\_\_ License or ID number: \_\_\_\_\_

**What is your citizenship status?**

\_\_\_ US Citizen

\_\_\_ US Permanent Resident      Effective Date: (Month/Day/Year) \_\_\_\_\_

\_\_\_ Foreign Citizen with valid Visa      Visa type: \_\_\_\_\_

When do you claim that your legal residence in S.C. began? Month/Year: \_\_\_\_\_

**List all addresses where you have lived for the past 18 months (do not use Post Office box number).**

**Address**

**Dates**

\_\_\_\_\_  
Street, City, State, Zip code

\_\_\_\_\_  
From: (month/year) To: (month/year)

\_\_\_\_\_  
Street, City, State, Zip code

\_\_\_\_\_  
From: (month/year) To: (month/year)

\_\_\_\_\_  
Street, City, State, Zip code

\_\_\_\_\_  
From: (month/year) To: (month/year)

**Are you employed?**      \_\_\_No \_\_\_Yes (If yes, provide employer's information below)

\_\_\_\_\_  
Employer                      City, State, Zip code                      Beginning date of employment                      Hours/week

Have you been in active military service within the last two years? \_\_\_Yes \_\_\_No

If Yes, current duty station: \_\_\_\_\_ **or** Discharge date if applicable: \_\_\_\_\_

Are you married? \_\_\_Yes \_\_\_No      If yes, date of marriage \_\_\_\_\_

**If married, provide the following information about your spouse:**

When did your spouse's legal residence in South Carolina begin? Month/Year \_\_\_\_\_

List all addresses where your spouse has lived for the past 18 months (do not use Post Office box number).

<u>Address</u>	<u>Dates</u>
_____ Street, City, State, Zip code	_____ From: (month/year) To: (month/year)
_____ Street, City, State, Zip code	_____ From: (month/year) To: (month/year)
_____ Street, City, State, Zip code	_____ From: (month/year) To: (month/year)

What is the citizenship status of your spouse?\*

US Citizen     US Permanent Resident—Effective Date: \_\_\_\_\_     Foreign Citizen with valid Visa—Visa Type: \_\_\_\_\_

Has your spouse been in active military service within the last two years?  Yes     No

If yes, current duty station: \_\_\_\_\_ **or** Discharge date if applicable: \_\_\_\_\_

What is the current employment status of your spouse?     Employed     Not currently employed     Retired

If currently employed:

Employer	City, State, Zip code	Beginning date of employment	Hours/week
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**If under the age of 25 or claimed as a dependent by a parent/guardian last year, provide the following parent/guardian information:**

When did your parent/guardian's legal residence in South Carolina begin? Month/Year \_\_\_\_\_

List all addresses where your parent/guardian has lived for the past 18 months (do not use Post Office box number).

<u>Address</u>	<u>Dates</u>
_____ Street, City, State, Zip code	_____ From: (month/year) To: (month/year)
_____ Street, City, State, Zip code	_____ From: (month/year) To: (month/year)
_____ Street, City, State, Zip code	_____ From: (month/year) To: (month/year)

What is the citizenship status of your parent/guardian?\*

US Citizen     US Permanent Resident—Effective Date: \_\_\_\_\_     Foreign Citizen with valid Visa—Visa Type: \_\_\_\_\_

Has your parent/guardian been in active military service within the last two years?  Yes     No

If yes, current duty station: \_\_\_\_\_ **or** Discharge date if applicable: \_\_\_\_\_

What is the current employment status of your parent/guardian?     Employed     Not currently employed     Retired

If currently employed:

Employer	City, State, Zip code	Beginning date of employment	Hours/week
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**INCOME TAX FILING STATUS:**

For the tax year preceding the year of your expected enrollment, what was/will be your **federal income tax filing status**?

I filed or will file as a single filer.

I filed or will file a joint return with my spouse.

I was or will be claimed as dependent. Name of person who claimed you: \_\_\_\_\_ Relationship: \_\_\_\_\_

I did not/will not file a federal tax return for the following reason: \_\_\_\_\_

The **state income tax** return filing status for the person(s) indicated in the previous question was or will be:

For the **2017 tax year**:  Full-year resident  Part year resident  Non-resident For which state? \_\_\_\_\_

For the **2018 tax year**:  Full-year resident  Part year resident  Non-resident For which state? \_\_\_\_\_

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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 rates afforded to legal residents of South Carolina.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_