



INDEPENDENT RESIDENCY INFORMATION FINAL REVIEW

The purpose of this form is to provide residency information that was not completed on the Application for Admission. If your residency classification has been determined as out-of-state due to less than 12 months residency in South Carolina on all indicia or if you are a continuing student, complete the Independent Residency Application or contact the Residency Coordinator.

Additional information about residency requirements, based on SC Statute 59-112-100, may be found online at www.che.sc.gov.

An "independent person" is defined as one (eighteen years of age or older) or an emancipated minor, who must provide more than half of his or her support, cannot be claimed as a dependent or exemption on the federal tax return of his or her parent, spouse, or guardian, and cannot claim the domicile of another individual as their own for the purposes of establishing intent to become a South Carolina resident.

STUDENTS HAVE ONE ATTEMPT TO COMPLETE THIS FORM ENTIRELY. INCOMPLETE INFORMATION WILL BE ASSESSED AS OUT-OF-STATE.

STUDENT/APPLICANT INFORMATION

First Name: _____ Last Name: _____ Term applying for: _____

Student H Number: _____ Date of Birth (mm/dd/yy): ____/____/____

Do you reside in South Carolina? Yes No If yes, date present stay began: ____/____/____

Do you reside in Horry/Georgetown County? Yes No If yes, date present stay began: ____/____/____

What is your address? (Street, City, State, Zip Code): _____

With whom do you reside? Self Both Parents Father Mother Spouse Other _____

Who claims you for Federal income tax purposes? Self Both Parents Father Mother Spouse Other _____

Are you licensed to drive? Yes No If no, do you have a State Issued Identification Card? Yes No

State: _____ Issue Date: ____/____/____ Renewed Transferred from another state First Issued

Do you have a vehicle registered in your name? Yes No

State: _____ Issue Date: ____/____/____ Renewed Transferred from another state New Purchase

What is your employment status? Full-Time Part-Time Unemployed Retired Disabled

Employer Name: _____ Date of Hire: ____/____/____

What is your citizenship status? US Citizen Permanent Resident Other – Specify: _____
(Provide copy of card) (Additional information may be needed)

APPLICANT CERTIFICATION

I hereby certify that the information I have provided on this application is complete and correct. I understand that falsification or failure to provide the correct information may lead to disqualification of my application for admission and immediate cancellation of registration at Horry-Georgetown Technical College.

Student Signature _____ Date ____/____/____

Horry-Georgetown Technical College prohibits discrimination against students and employees. Please direct discrimination and accessibility issues to the Office of Student Affairs at (843) 349-5228.