

**REQUEST FOR CERTIFICATION
OF
SOUTH CAROLINA RESIDENCY**

The *Academic Common Market* is a cooperative tuition-reduction agreement among the Southern Regional Education Board states. If public institutions in South Carolina do not offer degree programs in your field of study, it may be possible to arrange a waiver of out-of-state tuition to attend a cooperating public institution of higher education in another participating state.

General Instructions

- 1) This form must be submitted for residency certification once the student has been accepted to the specific degree program.
 - 2) **Letter of Admission to the particular Program (the major must be stated) must be sent along with this completed *Request*.**
 - 3) Annual re-
 - 4) -of-state tuition aid
can be determined.
 - 5) Particular a
letter may be added if the student desires to give further information regarding his/her residency status.
 - 6) This completed and **notarized** form and a copy of the student's **Letter of Admission** (to the particular program) should be returned to:
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13) Have you lived at this address for all of the past two years? ____Yes ____No
If No, please give previous address, the length of time there, and date of move to present address

 (Street address) (City) (State) (Zip) (Date of Move)

14) Where and when did you graduate from (or last attend) high school? (Date) _____

 (Name of School) (City) (State) (Zip)

15) Institution(s) attended after high school Residency
 _____ From ____ To ____ Degree ____ Status ____
 Institution City/State

 Institution City/State From ____ To ____ Degree ____ Status ____

16) Are you registered to vote ____Yes ____No *If yes, in what state* _____

17) Are you licensed to drive ____Yes ____No *If yes, which state issued the license?* _____

18) Is any motor vehicle registered in your name ____Yes ____No *If yes, state registered* _____

19) Have you ever served on a jury ____Yes ____No *If yes, in what state* _____

20) Have you ever been gainfully employed in South Carolina ____Yes ____No
If yes, please provide information below for the past two years.

Employer	City	Position	From (Mo/Yr.)	To (Mo/Yr.)	P/TorF/T

21) **If you answered yes to item #9,** provide employment information for those individuals on whom you