Denmark Technical College
Residency Information Form

Denmark Technical College is required under South Carolina Law 59-112 to determine residence classification of applicants and students for purposes of receiving in-state tuition and fees. Substantiating documentation is required to affirm residence status. Additional information may be requested if further clarification is needed.

Part A. Student Background
Social Security # _______/ ________/ _______
Permanent address______________________________________________________________
City______________________________State__________Zip___________________________ Telephone number(_____)__________________________

Length of time at this address Years__________ Months___________
List all addresses where you have lived for more than 30 days during the past 48 months. Begin with the most current address.
Address                  City/State                Date

Part B. Residency Issues
1. Do you claim South Carolina as your residence for tuition purposes?______Yes________No
2. Upon whom are you basing your claim for residency? _____Self ____Parent _______Legal Guardian ______ Spouse
3. If claim for residency is based on you, answer the following:
   a. How long have you resided in South Carolina? Years_____Months_____State of previous residency________
   b. If you moved to South Carolina within the past five years, what prompted your move to this state?
      Education  Employment     other________________________________________
   c. Were you claimed as a tax dependent for the prior tax year before your admissions?     Yes      No
   d. Previous state or country of residence: ________ ___________________________________________________ _______
   e. Your driver's license number____________________ _State______________Date issued____________________ _____
      This is a (check one)      new license        renewed license    Expiration date______________________ ______
   f. Have you been employed in South Carolina within the past 12 months?____Yes_____No (If yes, list employer's information)
      Employer     City/State     Date     Full or part-time Telephone Number

4. If your claim for residence status is based upon your parent, legal guardian or spouse, complete the following information.
   a. Name of person upon whom residency is based__________________________
   b. Relationship to you: ______ parent _____ legal guardian _______spouse     If spouse, date of marriage__________
   c. How long has this person resided in South Carolina? Years______Months______ State of previous residency________
   d. If this person moved to South Carolina within the past five years, what prompted their move to this state?
      Education  Employment     other________________________________________
   e. Is this person a United States citizen?       Yes          No    If no, country of citizenship__________________________
   f. Has parent, legal guardian, or spouse claimed you as a dependent for federal tax purposes for the tax year preceding your term of enrollment?           Yes         No
   g. Driver's license number of parent, guardian or spouse____________________ _State_________Date issued__ _________
      This is a (check one)   new license   renewed license   Expiration date____________________
   h. Has your parent, guardian, or spouse been employed in South Carolina within the last 12 months?_____Yes____No
      If yes, list employer's information
      Employer     City/State     Date     Full or part-time Telephone number

5. If claim for in-state tuition is based upon current military assignment in South Carolina, complete the following information.
   Documentation verifying military assignment must be submitted.
   a. Person on active duty in service _____Self _____Spouse ____Parent/guardian Home State of record________
   b. Is the person in a reserve unit in South Carolina? _____ Yes _____No

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 a rate afforded to legal residents of South Carolina.

Signature______________________________________Date______________________________________
Print Full Name: ______________________________________________________

Revised May 2010