RESIDENCY APPLICATION FOR MILITARY

This form is to be completed by students who are seeking to establish eligibility to pay the in-state rate on tuition and fees at Clemson University. The form should be completed, signed, notarized and returned to the address below no later than the day before classes begin for any semester for which the student is attempting to qualify to pay the in-state rate on tuition and fees (please note that depending on the time of year it can take between 4 to 8 weeks before an application will be reviewed). Determination of residency status will be made on the basis of the South Carolina Code of Laws and regulatory guidelines promulgated by the South Carolina Commission on Higher Education.

PLEASE RETURN THIS ORIGINAL FORM NOTARIZED TO: Office of Student Financial Aid
Clemson University
G-01 Sikes Hall
Clemson, SC 29634

Please check ONE of the following:
☐ Continuing Undergraduate Student  ☐ Incoming Freshman Student  ☐ Transfer Student  ☐ Graduate Student

PERSONAL INFORMATION
(Student)

1. Applicant’s Name: ____________________________________________________________
   LAST FIRST MIDDLE (Preferred)

2. Clemson University XID: ________________________ E-Mail Address: ________________________

3. In what category are you requesting residency status? Please check ONE of the following:
   ☐ Independent Student  ☐ Dependent of: ____________________________ Relationship? ____________

4. Date of Birth: ______________ Age: __________ Student Marital Status: ________________________

5. Phone where you can be reached: ______________________ Can a message be left at this number? _________

6. Address: Present __________________________________________________________
   Permanent ________________________________________________________________

7. For what semester are you requesting in-state tuition to begin? __________________________

8. Have you applied for in-state tuition before? ☐ YES ☐ NO If yes, When? __________________________

PARENTAL/SPOUSAL INFORMATION:
(COMPLETE IF STUDENT IS DEPENDENT)

8. Parent’s marital status: __________________________________________________________ (married, separated/divorced)

9. Do you claim the student or file married joint on Federal taxes?: ☐ YES (If yes, provide copy of most recent filed Federal tax showing claimed your child) ☐ NO If No, Is there joint custody or full custody due to divorce? ☐ YES ☐ NO (if yes, please provide court papers to support this)

10. Parent/Spouse present address (street, city and state): ________________________________

11. Parent Spouse email address: ________________________________

OFFICE OF RESIDENCY CLASSIFICATION
This next section should be completed by the Independent person.

MILITARY STATIONED IN SOUTH CAROLINA

12. Are you currently on active duty stationed in SC? ☐ YES ☐ NO If yes, please provide current military orders and skip to question Notary Section. If no, please proceed to next question.

MILITARY STATIONED OUTSIDE OF SOUTH CAROLINA

13. Are you currently on active duty stationed at a base outside of South Carolina? ☐ YES ☐ NO If yes, continue to next question. If no, please skip to next military category.

14. Have you kept South Carolina as your home of record on your military paperwork? ☐ YES ☐ NO If yes, please provide a copy of your Leave and Earnings Statement.

15. Have you filed SC Taxes as a SC resident and will you continue to claim SC as a resident? ☐ YES ☐ NO

ACT 11 (Choice Act)
(receiving chapter 30 or chapter 33 benefits)

16. Do you intend to be domiciled in SC? ☐ YES ☐ NO

17. If yes, are you going to live on campus? ☐ YES ☐ NO If no, please provide proof of your lease or deed

18. What date were you discharged? __________________________ Please provide a copy of your DD214

NOTARIZATION REQUIREMENT

I certify that the above information is true to the best of my knowledge.

______________________________________________________________  __________________________
(parent/spouse guardian)  (date)

______________________________________________________________  __________________________
(student)  (date)

NOTARY:

State of __________________________  County of __________________________

Subscribe before me this ______ day of __________________________, 20_____

______________________________________________________________  My Commission Expires __________________________

NOTARY PUBLIC  NOTARY SEAL REQUIRED

OFFICE OF RESIDENCY CLASSIFICATION