

Domicile Information

All applicants who claim South Carolina residency for tuition and fee purposes are required to complete the following information.

Coastal Carolina University 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

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 _____ Dates: From (mm/yy) _____ To (mm/yy) _____

Address _____

City _____ State _____ Dates: From (mm/yy) _____ To (mm/yy) _____

PART B. RESIDENCY ISSUES · Each item below, items 1 through 2g, MUST be completed.

1. DO YOU CLAIM SOUTH CAROLINA AS YOUR RESIDENCE FOR TUITION PURPOSES? Yes No

2. WHO CLAIMED YOU FOR INCOME TAX PURPOSES DURING THE PAST 12 MONTHS? Self Other; if other, list name and relationship

LAST NAME _____ FIRST NAME _____

RELATIONSHIP _____

2a. HOW LONG HAS THE PERSON LISTED IN ITEM 2 RESIDED IN SOUTH CAROLINA? Years _____ Months _____

2b. LIST ALL ADDRESSES WHERE THE PERSON LISTED IN ITEM 2 HAS LIVED FOR MORE THAN 30 DAYS DURING THE PAST 48 MONTHS. BEGIN WITH THE CURRENT ADDRESS.

Address _____

City _____ State _____ Dates: From (mm/yy) _____ To (mm/yy) _____

Address _____

City _____ State _____ Dates: From (mm/yy) _____ To (mm/yy) _____

2c. IF THE PERSON LISTED IN ITEM 2 MOVED TO SOUTH CAROLINA WITHIN THE PAST FIVE YEARS, WHAT PROMPTED HIS/HER MOVE TO THIS STATE?

Education Employment Other - specify _____

2d. PREVIOUS STATE OR COUNTRY OF RESIDENCE OF PERSON LISTED IN ITEM 2: _____

2e. DRIVERS LICENSE OF PERSON LISTED IN ITEM 2:

State _____ Date issued (mm/yy) _____ This is (check one) New Renewed Expiration date (mm/yy) _____

Vehicle registration: State _____ Date issued (mm/yy) _____

Active voter's registration: State _____ Date issued (mm/yy) _____

2f. HAS THE PERSON LISTED IN ITEM 2 BEEN EMPLOYED IN SOUTH CAROLINA WITHIN THE PAST 12 MONTHS? Yes No If yes, list employer's information:

Dates: From (mm/yy) _____ To (mm/yy) _____ Employer _____

Full time or Part time City _____ State _____

Telephone (_____) _____

2g. IF CLAIM FOR IN-STATE TUITION IS BASED UPON ACTIVE MILITARY ASSIGNMENT IN SOUTH CAROLINA OF THE PERSON LISTED IN ITEM 2, COMPLETE THE FOLLOWING INFORMATION:
Documentation verifying military assignment must be submitted.

a. person on active duty in service: Self Spouse Parent / Guardian

I certify that all information provided is accurate and complete. I further understand that falsification or failure to provide the correct information may lead to disqualification of my application for admission to Coastal Carolina University.

SIGNATURE _____ DATE _____