

Winthrop University Graduate Applicants

Residency Information

All applicants who claim residency in South Carolina or entitlement to in-state tuition are required to provide the requested information.
Note: Please complete this form in its entirety. Incomplete forms will be returned for completion. Additional information may be requested per SC Law 59-112.

1. Last four digits of SSN or Winthrop ID number: _____

2. Name: _____
Last First Middle Suffix (Jr., III, etc.)

3. Date of birth: _____ Age: _____

4. City and State of birth: _____ Country (not county) of birth: _____

5. Marital Status: Single Married - Date of Marriage: Month _____ Year _____

6. When do you claim that your legal residence in South Carolina began? **You:** Month/Year _____
Spouse: Month/Year _____ Not applicable

7. Have you or your spouse been in active military service within the last two years? **You:** Month/Year _____ Not applicable
Spouse: Month/Year _____ Not applicable

8. Provide the permanent home address (do not use Post Office Box number) of each person listed below.

<p style="text-align: center;">Name and Address:</p> <p>You: _____ <small style="margin-left: 20px;">Address (Street, City, State, ZIP)</small></p> <p>Spouse: _____ <small style="margin-left: 20px;">Address (Street, City, State, ZIP)</small></p>	<p style="text-align: center;">Length of time lived at this address:</p> <p>From: (month/year) To: (month/year)</p> <p>From: (month/year) To: (month/year)</p>
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9. If length of time at the address in #8 is less than 18 months, provide information on the previous address.

<p style="text-align: center;">Name and Address:</p> <p>You: _____ <small style="margin-left: 20px;">Address (Street, City, State, ZIP)</small></p> <p>Spouse: _____ <small style="margin-left: 20px;">Address (Street, City, State, ZIP)</small></p>	<p style="text-align: center;">Length of time lived at this address:</p> <p>From: (month/year) To: (month/year)</p> <p>From: (month/year) To: (month/year)</p>
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10. What is the citizenship status of each person listed below?

You:	<input type="checkbox"/> US Citizen	<input type="checkbox"/> US Permanent Resident - Effective Date: _____	<input type="checkbox"/> Foreign Citizen with valid Visa - Visa Type: _____
Spouse:	<input type="checkbox"/> US Citizen	<input type="checkbox"/> US Permanent Resident - Effective Date: _____	<input type="checkbox"/> Foreign Citizen with valid Visa - Visa Type: _____
Parent/Guardian:	<input type="checkbox"/> US Citizen	<input type="checkbox"/> US Permanent Resident - Effective Date: _____	<input type="checkbox"/> Foreign Citizen with valid Visa - Visa Type: _____

11. What is the current employment status of each person listed below? *(If not employed, please indicate below.)*

You:	Employer _____	City, State, ZIP _____	Beginning date of employment _____	Hours per week _____
Spouse:	Employer _____	City, State, ZIP _____	Beginning date of employment _____	Hours per week _____

12. a. For the tax year preceding the year of your expected enrollment, what will be/was your **federal** income tax filing status? (check one)

I filed or will file a return as a single filer

I filed or will file a joint return with my spouse

I was claimed or will be claimed as a dependent by: Name _____ Relationship: _____

I did not file a federal tax return for the tax year preceding the year of my enrollment for the following reason: _____

b. The state income tax return filing status for the person(s) checked in #12a was or will be:

Tax Year 2013: A state income tax return was filed as a resident of which state? _____

Tax Year 2014: A state income tax return was or will be filed as a resident of which state? _____

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 the rate afforded to legal residents of South Carolina.

Signature _____

Date _____