

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.

Name and Address:	Length of time lived at this address:
You: _____ Address (Street, City, State, ZIP)	From: (month/year) To: (month/year)
Spouse: _____ Address (Street, City, State, ZIP)	From: (month/year) To: (month/year)
9. If length of time at the address in #8 is less than 18 months, provide information on the previous address.

Name and Address:	Length of time lived at this address:
You: _____ Address (Street, City, State, ZIP)	From: (month/year) To: (month/year)
Spouse: _____ Address (Street, City, State, ZIP)	From: (month/year) To: (month/year)
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)

<input type="checkbox"/>	I filed or will file a return as a single filer
<input type="checkbox"/>	I filed or will file a joint return with my spouse
<input type="checkbox"/>	I was claimed or will be claimed as a dependent by: Name _____ Relationship: _____
<input type="checkbox"/>	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 _____