

### **Petition for Classification**

The Medical University of South Carolina is mandated by South Carolina state law to verify a student's residency before the student can be granted in-state status and tuition. The initial residency classification is determined at the time of admission.

This form is to be completed by persons seeking classification as a South Carolina resident for admission and/or tuition and fee purposes.

**To guarantee timely processing, the residency form must be completed, signed, appended with supporting documents as needed, and returned (emailed, postmarked, or delivered) as follows.**

**FOR ADMISSION:** Applicants wishing to be considered as a resident of the State of South Carolina FOR ADMISSION PURPOSES must be found to possess in-state residency **prior to the time a final admission decision** is made by the University. Therefore, applicants seeking to have their eligibility for admission determined according to the academic standards used for South Carolina residents should submit ALL documentation postmarked or delivered within 14 calendar days from the date a request for petition is made.

**FOR TUITION PURPOSES:** Students who are seeking re-classification as in-state residents must submit ALL documentation postmarked or delivered by:

**July 1 for Fall Semester**

**November 1 for the Spring Semester**

**March 1 for the Summer Semester**

The deadlines listed above are firm. Documents received after that date can be guaranteed review only for a later semester. **To expedite processing, we encourage you to scan and email your forms and required documentation to oesadmis@musc.edu.** Alternatively, documents can be mailed to:

University Residency Officer  
Office of Enrollment Management  
Medical University of South Carolina  
45 Courtenay Drive, MSC 203  
Charleston, SC 29425-2030

Failure to include all required documents will jeopardize opportunity for a timely review. Petitioners will be notified once by email when documents are found to be missing.

There is no provision for retroactive tuition adjustments except in instances of error by the University. Appeals to the decision of the University Residency Officer must be addressed to Office of the General Counsel via email to [muscresidencyappeal@musc.edu](mailto:muscresidencyappeal@musc.edu). Appeals should include updated or corrected information as well as a copy of the Residency Officer's denial. A complete copy of the South Carolina Code of Laws should include determination of residency status, including the regulatory guidelines promulgated by the State of South Carolina Commission on Higher Education, are available at <https://education.musc.edu/admissions/ready-to-apply/sc-residency-questions>

Petitioner Name: \_\_\_\_\_  
Petitioner Email: \_\_\_\_\_  
Petitioner Phone Number: \_\_\_\_\_  
Present Address: \_\_\_\_\_  
Street / Box / Route City State Zip

Permanent Home Address: \_\_\_\_\_  
Street / Box / Route City State Zip

Semester and year you are requesting in-state status to begin: \_\_\_\_\_

Please indicate the college to which you are applying or in which you are currently enrolled and your status:

- Dental Medicine     Medicine     Health Professions  
 Graduate     Studies     Nursing Pharmacy

Citizenship (check only one)

- U.S. citizen  
 Not U.S. citizen, but permanent resident of U.S. – **Date permanent resident status granted**  
 Other: give visa type \_\_\_\_\_

**If you are not a U.S. citizen, attach photocopy of official document verifying immigrant status.**

### PART 1. Filing Status (check only one)

I am requesting South Carolina resident status as a **dependent** of \_\_\_\_\_ who:  
name of parent(s)/guardian(s)/spouse

- has established and maintained his/her/their primary and permanent domicile in South Carolina for at least 12 months immediately preceding the term for which I am requesting resident status.
- has been domiciled in South Carolina fewer than 12 months, but is employed full-time with an **employer that is physically located in South Carolina.**
- has been domiciled in South Carolina fewer than 12 months, but receives an eligible retirement income: pension, annuity, or scheduled disbursement from an allowable retirement instrument. (Social Security is not considered an eligible retirement income.)
- is a faculty or higher-level administrative employee with full-time employment at a state-supported college or university in South Carolina.

**PART 2 – Educational Information:**

**List high school(s) attended:**

<i>Dates</i>	<i>Name of High School</i>	<i>City/State</i>
_____	_____	_____
_____	_____	_____

**List all colleges and universities attended (include attendance at MUSC): (attach additional sheet if necessary)**

<i>Dates</i>	<i>Name of Institution</i>	<i>City/State</i>	<i>Full-Time or Part-Time</i>	<i>Resident or Non-Resident</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**PART 3 - Domicile information of parent, spouse, or legal guardian upon whom you are dependent:**

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Relationship \_\_\_\_\_ Email Address \_\_\_\_\_

Is/Are your parent(s), spouse or legal guardian(s) a United States citizen(s)?  Yes  No

If no and applicable, please provide Alien Registration/ VISA numbers(s): Person 1 \_\_\_\_\_ Issue Date \_\_\_\_\_  
 Person 2 \_\_\_\_\_ Issue Date \_\_\_\_\_

Date your parent(s), spouse or legal guardian(s) began permanently and continuously residing in South Carolina: \_\_\_\_\_  
 (MM/DD/YYYY)

List the physical address(es) for your parent(s), spouse or legal guardian(s) for (at least) the previous two (2) years:

He/She/They resided at \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
 Street City State Zip (MM/DD/YYYY) (MM/DD/YYYY)

He/She/They resided at \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
 Street City State Zip (MM/DD/YYYY) (MM/DD/YYYY)

Does/Do your parent(s), spouse or legal guardian(s) rent or own his/her/their current residence?  rent  own

If own, when did you purchase the home? \_\_\_\_\_

How many vehicles are owned or leased (with or without lien) by your parent(s), spouse or legal guardian(s)? \_\_\_\_\_

Is the motor vehicle which you use registered in your name?  yes  no

If not, in whose name is it registered? \_\_\_\_\_ Relationship \_\_\_\_\_

In what state is this vehicle registered? \_\_\_\_\_ Date of current registration certificate: \_\_\_\_\_

Do you have a valid driver’s license?  yes  no If so, what state issued it? \_\_\_\_\_

Date of issue: \_\_\_\_\_

## Part 4 - Income tax information of parent, spouse, or legal guardian upon whom you are dependent:

Person who last claimed you as a dependent (or exemption) on a federal income tax return: (Do not list yourself)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

City/State of residence of that person \_\_\_\_\_ Tax

year that person last claimed you as a dependent (or exemption): \_\_\_\_\_ Will you  
be claimed as a dependent (or exemption) on someone's income tax return for the current year?

If so, give the name of the person who will claim you:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Address  
\_\_\_\_\_

In which state(s)\* will he/she/they file for the next tax year? \_\_\_\_\_

*\*Include tax year and non-, full- or part-year resident return, as applicable.*

## Part 5 - Employment of parent, spouse, or legal guardian upon whom you are dependent:

List all employment of parent/spouse/legal guardian for the previous **24 months**. Please begin with the most recent employment

Employer	City	State	Duration (From MM/YY – To MM/YY)	Full-time or Part-time	Avg # hours per wk
----------	------	-------	----------------------------------	------------------------	--------------------

Employer	City	State	Duration (From MM/YY – To MM/YY)	Full-time or Part-time	Avg # hours per wk
----------	------	-------	----------------------------------	------------------------	--------------------

Sources and percentages of support for twelve months immediately preceding the term for which in-state status is requested:

Parents \_\_\_\_%; Spouse \_\_\_\_%; Your Employment \_\_\_\_%; VA benefits \_\_\_\_; Social Security \_\_\_\_%; Student Financial Aid \_\_\_\_%;  
other sources (specify \_\_\_\_\_ %; \_\_\_\_\_ %) Total must equal 100%.

If currently employed, does parent/spouse/legal guardian expect any change in your employment status within the next six months?

yes  no If so, explain:  
\_\_\_\_\_  
\_\_\_\_\_

## Part 2. Certification

I hereby certify that the information I have provided is accurate and that I am making this application in good faith based on a belief that I am a legal resident of South Carolina. I understand that if facts provided are false or concealed, I may be charged for past tuition at non-resident rates; I may be subject to administrative, civil, and financial penalties; and I may be denied transcripts and graduation. Scanned or facsimile copies of signatures shall be considered valid and enforceable.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date