



UNIVERSITY OF
SOUTH CAROLINA
SUMMER

TRM APP ____ B.T. ____ STATUS ____
MAJOR _____ APP. FEE ____
PRE B.T. ____ CHRSC ____ CHRSE ____
CUM. GPR ____ GPD ____ EARTRM ____
L.TERM REG. ____ SCH.CODE ____
INITIALS _____ UPDATE _____

USE ONLY

Residency Status: USC Sumter is required by S. C. Law 59-112 to determine the residency status of applicants. You must complete the attached USC Sumter State Residency Form.

- 1. Social Security Number: _____ A) Are you Degree seeking? [] Yes [] No
- 2. Birth date: _____ If yes, intended major: _____
- [] Male [] Female Race: _____ B) Source of initial contact with USC Sumter:

Active Duty Military Dependent: [] Yes [] No

3. _____

Last Name	First	Middle	Military Rank	Any other name on record
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4. _____

Mailing Address	City	State	Zip Code	County
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5. Permanent phone (_____) _____ Alternate daytime phone (_____) _____

6. Next of Kin: _____ Phone (_____) _____

Last Name	First	Middle	
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Relationship: Parent [] Guardian [] Spouse [] Next of Kin [] Other []

Mailing Address	City	State	Zip Code
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7. Year and term applying for: Year 20 _____ Term: ____ Fall (16 wk) ____ Fall I (8 wk) ____ Fall II (8 wk)
 ____ Spring (16 wk) ____ Spring I (8 wk) ____ Spring II (8 wk) ____ Summer I-A (8 wk) ____ Summer I-B (5 wk) ____ Summer II (5 wk)

8. Have you ever attended USC? [] Yes [] No If yes, list campus and dates _____

9. Are you interested in Financial Aid? [] Yes [] No **Note:** You must be a degree-seeking student at USC Sumter to obtain financial aid.

10. Are you a U.S. citizen? [] Yes [] No If no, what country and why are you in the U.S.? _____

11. High School attended: _____ Graduation Date: _____

12. List **ALL** Previous Colleges Attended City & State Dates of Attendance Degree Received

If degree seeking and you have less than a C average (2.00) at any school listed below, it is recommended that you attach a written explanation.

13. Transient/Military Special _____

Certification	College/Base	Term Approved	Signature/Title	Date
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The University of South Carolina System provides affirmative action and equal opportunity in education and employment for all qualified persons regardless of race, color, religion, sex, national origin, age disability, or veteran status.

I hereby certify that information given by me on this application is complete and accurate. I further understand that USC Sumter may need to obtain additional information from previous schools concerning my academic and conduct record and I grant it permission to do so. I understand that if I have applied for or attended another campus or program in the USC System, graduate or undergraduate, I am hereby requesting release from that campus or program. If I am a graduate student, I further understand that no undergraduate credit earned at USC Sumter will apply toward a masters, doctoral, or other advanced degree. I understand that I may not revert back to a non-degree status after applying as a degree candidate.

Signature

Date

USC SUMTER STATE RESIDENCY FORM

Any questions left unanswered may result in the assessment of Non-Resident fees.

1. Name: _____ 2. Social Security #: _____
LAST FIRST Middle

Mailing Permanent
3. Address: _____ Telephone: (_____) _____
STREET CITY STATE ZIP

How long have you lived at the above address? ____ Years ____ Months *If less than 2 years, please list previous address and length of time.*

____ Length of residence: ____ Years ____ Months
STREET CITY STATE ZIP

4. Date and Place of Birth: Date: _____ Place: _____
CITY STATE

5. Were you claimed for income tax purposes by your Parent(s), Guardian(s), or Spouse or did you file jointly with your Spouse?
Yes ___ No ___ **If No**, skip to question 7. **If Yes** to either question you must provide the following information on your Parent(s),
Guardian(s) or Spouse. **NOTE:** If they have been employed less than 12 months in S. C., a statement from their employer on
company letterhead must be submitted certifying their employment dates and hours worked per week.

Name	Relationship	Employer	City, State	Employment Dates From: (MO/YR) To:	Full/Part Time

6. Address of person(s) listed above: _____ Telephone: (_____) _____
STREET CITY STATE ZIP

Has their length of residence been two years or more? Yes ____ No ____ *If less than 2 years, please list previous address.*

____ Length of residence: ____ Years ____ Months
STREET CITY STATE ZIP

7. Your high school information: _____
NAME CITY STATE DATES OF ATTENDANCE

8. Institution(s) of higher education attended after or during high school:

Name	City, State	Dates Of Attendance	In or Out of State Fees Paid

9. Are you registered to vote? Yes ____ No ____ *If Yes, in what state?* _____

Are you licensed to drive? Yes ____ No ____ *If Yes, state license issued?* _____

Is any motor vehicle registered in your name? Yes ____ No ____ *If Yes, state registered?* _____

Have you ever served on a jury? Yes ____ No ____ *If Yes, in what state?* _____

10. Provide the following information on your last **two** employment positions:

Employer: _____ City: _____ Full time: __ Part time: __ Dates: _____ To _____

Employer: _____ City: _____ Full time: __ Part time: __ Dates: _____ To _____

If employed in S. C. less than 12 months, a statement from your employer must be submitted on company letterhead certifying you are employed full time, dates of employment, and hours worked per week.

11. Are you a United States citizen? Yes ___ No ___ *If No, what is your Visa classification?* _____

12. Are you a Retired Military Dependent? Yes ___ No ___ Are you an Active Duty Military or an Active Duty Military
Dependent? Yes ___ No ___ *If Yes, you must submit with this form a copy of your Orders or the Orders of the person you are dependent on.*

I hereby swear (or affirm) that all entries on this form are accurate. I understand that any misrepresentation by me will result in the payment of non-resident fees.

SIGNATURE

DATE

FOR OFFICE USE ONLY

____ Resident ____ Non-Resident ____ Non-Resident paying in state fees: fee class assigned: _____

Certifying Person Signature: _____ Date _____

Comments: _____

(Revised 04-05) _____