Office of Student Financial Aid

400 Magnolia Street Orangeburg, SC 29115 Telephone: (803) 535-5334 Fax: (803) 535-5383

2021-2022Residency Form

The initial determination of theæne's resident status is ma/TT1 1 \(\phi 655.03 \) (\(r \) 6.7 (\(t \) -1.15 2 \(f \) *oo-0.00 (()36o-0.06(s) \(\text{@}. \) (nt))5 (e)11 (r)6(de)11 (r)

STUDENT INFORMATION:				
Legal last name	Legalfirstname	Le	galmiddle name	(suffix-Jr, II, III, etc.)
If you meet any of the following criteria(s) skip questionno.#1 and go directly to questionno.#2:				
24 y	ears old as of December 2021	legal guardiansh	ip married	veteran
Have a legal dependent that you provide over 50% of their support				
 Name of your parent or person upon whom you are their dependent: How long hasthe above person question no.# 1resided in (name ofstate) Years Months Has the person in question no.#1, been employed in South Carolina over the past 12 months? Yes No (if no, please enter belowemployer information): 				
Employer	's Name City	/, State	Dates E	
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