

SC State University
Orangeburg, South Carolina

Undergraduate Application for Readmission

Semester you wish to re-enter SCSU _____ Social Security # _____
Semester/Month/Year

Name _____
Last First Middle

IF PREVIOUS ENROLLMENT AT SCSU WAS NOT UNDER ABOVE NAME, PLEASE GIVE FULL NAME.

Former name under previous enrollment

Permanent Home

Address _____
Street and Number City State Zip Code

Local Mailing

Address _____
Street and Number City State Zip Code

Local

Telephone Number _____ South Carolina Resident: Yes No
Please complete pages 2 and 3

Alien Status:	Temporary Visa _____	S. C. Resident _____	Resident, Other _____
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Date of first South Carolina State University Registration _____
Semester Year

Last semester attended South Carolina State University _____ Completed: Yes No
Semester Year

Official Withdrawal: Yes _____ No
Semester Year

List below all colleges or universities attended since last attendance at South Carolina State University.

Name of College/University	Address	State	From (Mo/Yr)	To (Mo/Yr)

Note: Applicant's signature is required on page 3.

SC State University Undergraduate Admission

Application for South Carolina In-State Tuition Rates

Only applicants claiming entitlement to South Carolina in-state tuition rates should complete this form.

(1) Domicile

List dates & places of residency for the past five years in chronological order beginning with the most recent.

From (M/Y)	To (M/Y)	Street Address	City	State	Zip Code

Indicate how many years you have lived in South Carolina _____: from (M/Y): _____ To (M/Y): _____

(2) Name and Address of Parent/Legal Guardian or other person upon whom you are dependent. If other, please specify relationship: _____

Father: _____ Address: _____
Name Street City State Zip Code

Mother: _____ Address: _____
Name Street City State Zip Code

Legal Guardian: _____ Address: _____
Name Street City State Zip Code

Other: _____ Address: _____
Name Street City State Zip Code

(3) Complete this section if parents, legal guardian or other person provide 50% or more of your financial support or claim you as a tax dependent.

(A) Parents/legal guardian

(A) Parents/legal guardian/other person employment history. If military, please provide a copy of DD Form 2058.

Employer	City	State	From (Mo/Yr)	To (Mo/Yr)

(B) Tax year of latest filed federal income tax return. Year _____ Date filed: Month _____ Year _____

Address Listed on return: _____
Street City State Zip Code

(C) State income tax return filed with South Carolina: Yes Month _____ Year _____ If yes, provide copy.
 No State taxes filed with: _____

Address listed on return _____
Street City State Zip Code

Will parents/legal guardian/other person file South Carolina tax return for current year: Yes _____ No _____

Will parents/legal guardian/other person file as full-time resident: Yes _____ No _____

(4) Complete this section if residency should be determined on your independent status:

(A) Employment history. If military, please provide a copy of DD FORM 2058.

Employer	City/State	From (Mo/Yr)	To (Mo/Yr)

(B) Tax year of latest filed federal income tax return. Year _____ Date filed: Month _____ Year _____

Address listed on return _____
Street City State Zip Code

(C) State income tax return filed with South Carolina: Yes ___ Month _____ Year ____ No ___ State taxes filed with: _____
State

Address listed on return _____
Street City State Zip Code

Provide copy of state income tax return

(5) Are you registered to vote in South Carolina: Yes No
Date voter registration card issued: _____/_____/_____
Month Year Provide copy of voter registration card

(6) Do you have a South Carolina Driver's license: Yes No

Date issued _____/_____/_____
Month Date Year If yes, provide copy of driver's license

Address shown on license: _____
Street City State Zip Code

I understand that information submitted herein will be relied upon by university officials to determine my status for admissions and residency eligibility. I authorize the University to verify the information I have provided. I agree to furnish the University with supporting documentation related to my application, if I am requested to do so. I agree to notify the proper officials at South Carolina State University of any changes in the information provided. I certify that the information provided in this application is true and accurate. I understand that this application is a legally binding document and the submission of fraudulent information is grounds for rejection of my application, withdrawal of any offer of acceptance, dismissal or appropriate disciplinary action which may include repayment of tuition and college fees.

Signature of Applicant _____ **Date** _____

Signature _____ **Date** _____
Parent/Legal Guardian/Other Person (If required to furnish information)

Mail this form and accompanying documents to: SOUTH CAROLINA STATE UNIVERSITY
OFFICE OF ADMISSIONS, RECRUITMENT AND SCHOLARSHIPS
300 COLLEGE STREET, NE
P. O. BOX 7127
ORANGEBURG, SOUTH CAROLINA 29117-0001

For office use only

Academic STATUS _____	Approved _____	Rejected _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Signature	Date	