



SCHOOL OF GRADUATE STUDIES  
 CAMPUS PO BOX 7098  
 300 COLLEGE STREET, NORTHEAST  
 ORANGEBURG, SC 29117-0001 + (803) 536-7064  
 FAX: (803) 536-8812

APPLICATION FOR ADMISSION FOR RENEWAL OF CERTIFICATION OR ADD-ON CERTIFICATION

**NOTE: Approval of this application admits students for one academic term only**

**Admission Criteria:** Credentials for admission to the College of Graduate & Professional Studies as a nondegree student for the purpose of renewal of a teaching certificate or to add-on a certification area are: (1) Completion of an Application for Certification Renewal or Add-On Certification; (2) \$25.00 nonrefundable application fee; (3) Copy of Current Educator Certificate; and (4) Proof and Oath of Residency for Tuition Purposes.

I wish to enroll in: Spring 20\_\_\_\_ Summer 20\_\_\_\_ Fall 20\_\_\_\_

Name: \_\_\_\_\_  
 Last First Middle/Maiden Social Security Number

Date of Birth \_\_\_\_\_ Marital Status: \_\_Single \_\_Married \_\_Widowed \_\_Divorced Sex: \_\_Male \_\_Female

Previous Full Name, if applicable: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 Street or PO Box Number City County State Zip Code

Email Address: \_\_\_\_\_

The following information is required by the U. S. Department of Education in compliance with Title VI of the 1964 Civil Rights Act. Please Check the appropriate category: \_\_Black(Non-Hispanic) \_\_Americna Indian/Alaskan \_\_Asian/Pacific Islander \_\_Internaltional(Non-Resident Alien) \_\_White(Non-Hispanic) \_\_Other \_\_\_\_\_

List Course Prefix and Title in Which You Expect to Register This Term:	Enrollment Objective
1. _____	Certificate Renewal
2. _____	Add-On Certification
3. _____	Alternate Initial Certification (PACE)

List Degrees Earned	Name of Institution	City and State	Year Degree Earned
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Are you a certified Educator? \_\_\_\_Yes \_\_\_\_No In which state?\_\_\_\_\_ Certificate No:\_\_\_\_\_ (Copy Required)

If you have ever been admitted to the School of Graduate Studies at SCSU, but did not earn a degree, what was the last semester and year of your attendance? (Circle) Fall Spring Summer (Year)\_\_\_\_\_ Total hours earned:\_\_\_\_\_

I certify that all information given by me above is true to the best of my knowledge. I understand that the University Catalog and other official University publications constitute my contract with South Carolina State University and that any delay or failures in meeting course and/or certification requirements caused by my failure to comply therewith are my personal responsibility. The submission of fraudulent records constitutes grounds for denial of admission or dismissal from the University. I understand that to enter a graduate/advanced degree program in the future, I must submit an Application for Graduate Admission and meet all admission requirements as stated in the SCSU Graduate Catalog.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

PLEASE DO NOT WRITE BELOW THIS LINE

\_\_\_\_\_  
 Date: \_\_\_\_\_

Approval: Dean, College of Graduate & Professional Studies

South Carolina State University is required, under South Carolina Law 59-112, to determine residence classification of applicants and students for purposes of receiving in-state tuition and fees that requires substantiating documentation. Each applicant/student must also sign an *Oath of Residency*. If you have attended school and/or resided out-of-state, additional proof of residency may be required. Military personnel/dependents must submit proof of military assignment in South Carolina at each enrollment. Non-U.S. citizens must provide proof of immigration status.

**PROOF OF RESIDENCY  
QUESTIONNAIRE & OATH OF RESIDENCY**

Attach two of the documents listed below to this completed form and return them to: Graduate Admissions, South Carolina State University, Box 7098 - 300 College Street, NE - Orangeburg, SC 29117-0001.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

<b>P.O. or Street Address - Apt. No.</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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1. Are you a U.S. citizen? Yes No  
If not a citizen, do you hold permanent resident status for the U.S.? Yes No  
Permanent resident card information: Date issued: \_\_\_\_\_ Number: \_\_\_\_\_
2. Do you consider yourself a resident of South Carolina for tuition purposes? Yes No  
If "Yes," answer the following:
  - a. How long have you resided in South Carolina? \_\_\_\_\_ Years and \_\_\_\_\_ Months
  - b. County of Residence: \_\_\_\_\_, \_\_\_\_\_ Years and \_\_\_\_\_ Months
  - c. Previous state or country of residence: \_\_\_\_\_
3. If your claim for residence status is based upon your SPOUSE, answer the following questions:
  - a. Full name of person upon whom claim is based: \_\_\_\_\_
  - b. How long has this person resided in South Carolina? \_\_\_\_\_ Years and \_\_\_\_\_ Months
  - c. County of Residence: \_\_\_\_\_, \_\_\_\_\_ Years and \_\_\_\_\_ Months
  - d. Previous state or country of residence: \_\_\_\_\_
  - e. Is this person a U.S. citizen? Yes No
  - f. Has this person claimed you as a dependent for U.S. federal income tax purposes for year preceding your registration? Yes No *(If yes, copy of tax return required).*
  - g. Will this person claim you for the current tax year? Yes No
4. Are you using a military waiver to pay in-state tuition? Yes No *(Copy of Military Orders Required)*

**OATH OF RESIDENCY:** My signature below certifies that the information on this application is complete and correct and I understand that the submission of false information is grounds for rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment, or appropriate penalties and disciplinary action. I authorize the University to verify the information I have provided.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Telephone No. \_\_\_\_\_ email address \_\_\_\_\_

**A minimum of two of the following documents must accompany your completed "Proof of Residency Questionnaire":**

<ul style="list-style-type: none"> <li>A statement of <b>full-time</b> employment from your personnel director or designee on employers letterhead. Statement must include dates of employment and number of hours you work per week.</li> </ul>	<ul style="list-style-type: none"> <li>Copy of Voters Registration Card</li> <li>Copy of Drivers License <i>or</i> SC Identification Card</li> <li>Copy of Vehicle Registration</li> <li>Copy of Visa or Resident Alien Registration Card (Front and Back)</li> </ul>	<ul style="list-style-type: none"> <li>Copy of State and/or Federal Income Tax Return(s) from previous year</li> <li>Copy of Most recent W-2 Forms</li> <li>Copy of Military Orders</li> </ul>
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You may visit the following website for additional information regarding residency law, requirements, and visa classifications:  
<http://www.che.sc.gov/StudentServices/Residency/Residency.htm>