

WILLIAMSBURG TECHNICAL COLLEGE

Residency Certification/Petition

Name _____

Social Security Number _____ - _____ - _____

Address _____

City State Zip _____

County of Legal Residence _____ How Long? _____

State of Legal Residence _____ How Long? _____

Please read and sign the following:

I certify that I am a resident of (county) _____, (state) _____ and have maintained residency status for the 12 months prior to the term in which I am enrolling. I understand that my failure to provide complete and accurate information may result in being denied admission to or enrollment at Williamsburg Technical College.

Signature _____ Date _____

- Valid SC driver's license, SC identification card
- Copy of SC income tax return showing evidence of SC taxes paid as a resident during the past tax year, including income earned outside of SC from the date SC residency is claimed (completed and filed)
- Proof of property (residential) taxes paid in SC as a resident for at least one full year, or a rental/lease agreement in the student's name for twelve months prior to the beginning of the semester for which the student seeks enrollment
- Valid SC voter registration
- Documentation from an employer verifying employment status and length of employment
- High school records showing attendance at a school in-county or in-state for at least the past 12 months prior to the beginning of the academic semester for which the student is applying
- Proof of independent status from parents who reside in another state or county, or dependent status where student is claiming resident status based on parent status
- Licensing for professional practice (if applicable) in SC

Note: The residency officer will consider any and all evidence provided concerning claims of residency (in-county and in-state). However, any single item of evidence will not necessarily be regarded as conclusive proof. The burden of proof resides with the student to show evidence as deemed necessary to establish residency status.

FOR OFFICE USE ONLY

Residency determination: County _____ State _____

Signature of residency official _____ Date _____