



## Application for Reclassification of Residency Status

Name \_\_\_\_\_  
Last
First
Middle Initial

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
Street Address

\_\_\_\_\_ City County State Zip Code

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

I am requesting my residency be changed to:

\_\_\_\_\_ In-state – out-of-county, County name: \_\_\_\_\_

\_\_\_\_\_ In-state – Greenville County

I am requesting residency adjustment status be made for the \_\_\_\_\_ semester.

Are you a United States Citizen \_\_\_\_\_ Yes \_\_\_\_\_ No

If you are not a United States citizen, are you an immigrant with permanent resident status? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you are not a United States citizen, indicate \_\_\_\_\_  
Type of Visa
Date of Expiration
Country of Origin

Years	Months	Length of time living in United States
Years	Months	Length of time living in South Carolina
Years	Months	Length of time living in Greenville County or other county? _____
Yes	No	Full-time employee or dependent of full-time employee is Greenville or other County _____?
Yes	No	If a dependent state his or her full name and relationship _____.
Yes	No	Active duty military or dependent of active duty military stationed in Greenville County or other county _____. If dependent, state his or her name and your relationship. _____
		What is your state of legal residence (not your birthplace)? _____

