

Shelton State Community College

Office of Admissions & Records

9500 Old Greensboro Road, Tuscaloosa, AL 35405
Fax (205) 391-3910 ♦ Telephone (205) 391-2214 or (877) 211-SSCC
This form may be mailed or faxed.

All applications submitted online via the www.sheltonstate.edu website must complete this form. Residency guidelines, as stated within policy 803.01, are set by the Alabama State Board of Education.

Please check the appropriate boxes below.

I. I hereby certify that the address is my residence in the State of Alabama, and I intend to remain at this address indefinitely. I further certify that I have more substantial connections with the State of Alabama than with any other state. I submit this application for in-state residency for tuition purposes based on one of the following:

- 1. I support myself financially and I (or my non-estranged spouse) have lived in the State of Alabama for at least 12 months.
 - 2. I am a dependent student and my supporting person, (parent/legal guardian) has lived in the State of Alabama for at least 12 months.
- If you cannot check numbers 1 or 2, you may still be eligible for in-state residency for tuition purposes if ONE of the following applies to you:
- 3. I am a non-resident dependent student and my supporting person is a full-time permanent employee of this institution.
 - 4. I am a non-resident dependent student and my supporting person can verify full-time permanent employment in Alabama, and said employment will begin within ninety (90) days of my registration.
 - 5. I am a non-resident dependent student, and my supporting person is a member of the United States military on full-time active duty stationed in Alabama under orders for duties other than attending school.
 - 6. I am a non-resident dependent student, and my supporting person is an accredited member of a consular staff assigned to duties in Alabama.
 - 7. I (or my spouse) am a full-time permanent employee of this institution.
 - 8. I (or my spouse) can verify full-time permanent employment in Alabama, and said employment will begin within ninety (90) days of my registration.
 - 9. I (or my spouse) am a member of the United States military on full-time active duty stationed in Alabama under orders for duties other than attending school.
 - 10. I (or my spouse) am an accredited member of a consular staff assigned to duties in Alabama.
 - 11. I reside in Lowndes County or Noxubee County in Mississippi.

II. Based on the residency guidelines above, I do not meet the guidelines for Alabama resident tuition but am aware that I can reapply once I have met the guidelines. Requests for change of residency status can only be made during the drop/add period for that semester.

Signature of Student _____ Date _____

Upon enrolling in the College, I assume an obligation to conduct my academic affairs in a manner compatible with the standards of academic honesty established by the College and its faculty. If I neglect or ignore this obligation, I understand that disciplinary action will be taken. Students are expected to be aware of and abide by the *Standard College Policies, Schedule of Classes, and SSCC College Catalog/Student Handbook* for every class attended at the college.

I understand that I will not be able to register for classes for the second semester of attendance until ALL admissions documents are on file, **including this form**. I certify that the statements on this application are true and complete to the best of my knowledge. I understand that falsification of information on this application could result in dismissal or other disciplinary action. I understand that if I fail to honor my obligation for payment of amounts due, including penalties and fines, Shelton State Community College will use every legal means to collect the amount due. In addition, I become responsible for collection costs and attorneys' fees. I understand that all applicable refund and withdrawal policies are explained in the catalog and/or schedule.

By signing below, I certify that I understand and will comply with all statements listed above and all college policies.

Printed Full Name _____

Signature of Student _____ Date _____

Social Security Number _____/_____/_____