LANDER UNIVERSITY
Residency Application

1-888-4LANDER
admissions@lander.edu
www.lander.edu

If you are a South Carolina resident, or if you are uncertain about your legal residency, complete the following:

1. _____
Legal last name Legal first name Middle (suffix-Jr., II, III)

Social Security Number _____

2. How long have you lived in South Carolina? Years _____ Months _____ State of previous residency _____
List all addresses where you have lived for more than 30 days during the past 48 months.
Address *(Begin with the most current)* City/State Dates

_____

_____

_____

List below the name of your employers and/or the schools you attended for the past two years beginning with the most recent. *(Please account for all time during this period and attach additional pages if necessary.)*

Name of employer _____

Dates of employment _____ ❑ Full-time ❑ Part-time

City and State _____

Name of School _____

Dates of enrollment _____ ❑ Full-time ❑ Part-time

City and State _____

3. Were you claimed as a dependent or exemption by your parent(s), guardian(s), or other person(s) on their most recent federal income-tax return? ❑ yes ❑ no

Name of person who claimed you _____

Relationship to you _____

This person's address for the past two year's _____

_____

This person's place(s) of employment for the past two years:

Name of employer _____

City and state _____

Dates of employment _____ ❑ Full-time ❑ Part-time

_____ _____
Signature Date

Please return this form to:

Office of Admissions • CPO Box 6007 • Lander University • 320 Stanley Avenue • Greenwood, SC 29649-2099