



**CENTRAL CAROLINA
TECHNICAL COLLEGE**

MILITARY ACTIVE DUTY FORM

**VERIFICATION / RE-VERIFICATION OF ACTIVE DUTY
MILITARY SERVICE**

IN RE: NAME _____

SOCIAL SECURITY NUMBER: _____

This form is to be used to verify active duty military status.

This is to certify that the above named individual is an active duty service member

as of _____ to _____, in the _____.
(Date Entered Service) (Expected Separation Date) (Service Branch)

This military residency certification entitles the individual to in-state tuition rates applicable to active duty military service members assigned to the state of South Carolina .

_____/_____
Name Signature

Education Center Representative or Unit Orderly Room Representative

Organization

Date

Return to: Admissions and Counseling Services
Central Carolina Technical College
506 North Guignard Drive
Sumter, SC 29150

**YOUR TUITION WILL BE CALCULATED AT THE OUT-OF-STATE TUITION
RATE UNTIL THIS FORM IS RETURNED.**