



CENTRAL CAROLINA
TECHNICAL COLLEGE

MILITARY DEPENDENT FORM

**Verification/ Re-Verification of Dependent
of Active Duty Military Service Member**

IN RE: DEPENDENT NAME _____

**SOCIAL SECURITY NUMBER/
STUDENT ID OR C-NUMBER:** _____

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

(Service Member's Name) (Service Member's SSN)

as of _____ to _____, in the _____
MM/DD/YYYY MM/DD/YYYY (Service Branch and Station)
(Report Date to SC) (End Date for SC)

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

To be completed by Education Center Representative or Supervisor verifying the above information.

Printed Name Signature

Organization Date (MM/DD/YYYY)

Return to:

Admissions
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.**