



CENTRAL CAROLINA TECHNICAL COLLEGE

MILITARY DEPENDENT FORM

VERIFICATION/ RE-VERIFICATION OF DEPENDENT OF ACTIVE DUTY MILITARY SERVICE MEMBER

IN RE: NAME _____

SOCIAL SECURITY NUMBER: _____

This is to certify that the above named individual is the dependant of the active duty service member _____, _____
(Service Member's Name) (Member's SSN)

as of _____ to _____, in the _____.

This military residency certification entitles the individual to in-state tuition rates applicable for dependants of 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.**