

ocial Security No	<u></u>	Major field of	Study (REFER TO LISTING	G on Back)		
ame (Full Legal Nam	e		First			
ther Last Name(s) us	ed while at SWTJC					
urrent Permanent Ado	dress					
ulliche i cimanone	P.O Box#/Apt#	Street	City	State	Zip Code	County
ome Phone ()	Cell Phone ()	Cell Phone Provid	der	
		CAMPUS PLA	NNING TO ATTEND)		
Uvalde – 01 College/University La	Del Rio – 02 ast Attended:	Eagle Pass – 03	Crystal City – 04	Pearsall – 07	Hondo –	08
School Name		City	State	Dates Atte	ended	=
If it has been more th	SWTJC was Term: nan one year since you las license, income tax return	Year st attended, you must verify y ns, utility bill, etc.).	:rour Texas residence by ansi	 wering the questions be	low and documenta	tion for proof
ELOW THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF I AM ELIGI			IDENT OF TEXAS FOR TUITION PURPOSES AND I AFFIRM BY MY SIGNATUI IBLE TO BE SO CLASSIFIED. I ALSO AFFIRM THAT I WILL NOTIFY THE PRO D DISQUALIFY ME FOR THIS CLASSIFICATION. I ALSO VERIFY THAT THE . I UNDERSTAND THAT VIOLATION OF THIS OATH OF			
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