

OFFICE OF ADMISSIONS/REGISTRAR

2401 Garner Field Road • Uvalde, Texas 78801-6297 Phone: (830) 591-7255 • Fax: (830) 591-7396 Email: <u>admoffice@swtjc.edu</u> • Website: www.swtjc.edu

GRADUATING DUAL CREDIT STUDENT READMISSION FORM

To continue enrollment at SWTJC, this form must be completed and submitted to the Admissions/Registrar Office upon graduating from high school

Student ID:		Semester:		
Student Name:				
	(First)	(Middle)	(Last)	
Student Mailing Address:				
(where mail is received)	Number	Street Name or P.O. Box		
City:		State:	_ Zip Code:	
Email:				
Student Mobile Phone:		Student Home Phone	e:	
Name of High School:		Graduation Date:		
Signature			Date	

** A change in your state or county of residence may have a significant impact on your tuition rate. **

If you move into the State of Texas, you must meet residency requirements in order to be eligible for in-state tuition rates. A request for reclassification must be completed and submitted with supporting documentation prior to the census date for the semester in which you wish to be classified. If you move out of the college taxing district and/or to another state, your residency status will be updated upon receipt f the new information. Residency guidelines can be accessed online at www.swtjc.edu (select Admissions & Aid, then Office of the Registrar).

FOR SWTJC USE

Processed by:

Date: