

OFFICE OF ADMISSIONS/REGISTRAR

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GRADUATING DUAL CREDIT STUDENT READMISSION FORM

To continue enrollment at SWTXC, 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. E	dox
City:		_ State:	Zip Code:
Email:			
Student Mobile Phone:		_ Student Home Phone	:
Name of High School:			_Graduation Date:
Signature			Date
** A change in your stat	e or county of residence	ce may have a significant	impact on your tuition rate. **
rates. A request for reclassification census date for the semester i	ation must be complet n which you wish to be cy status will be update	ed and submitted with seclassified. If you move of dupon receipt f the new	order to be eligible for in-state tuition upporting documentation prior to the out of the college taxing district and/or information. Residency guidelines can f the Registrar).
FOR SWTXC USE			
Dragonad h		Date	