

PID # _____

Course # _____ AM - PM

Date: _____ Location: _____


SOUTHWEST
 TEXAS★COLLEGE
Office Use Only:
 High School Graduate
 Y N
 G.E.D. Graduate
 Y N
 College Transfer
 Y N

SWTX ID # _____ EMAIL: _____

Continuing Education Registration & Personal Data Form

SOCIAL SECURITY # _____ - _____ - _____ DATE OF BIRTH ____ / ____ / ____ DRIVERS LICENSE # _____

(Full Legal Name) Last First Middle Other Last Name(s)

Mailing Address PO Box# / Apt# Street City County State Zip Code

HOME PHONE (____) - _____ - _____ WORK PHONE (____) - _____ - _____

AGENCY / EMPLOYER INFORMATION : COMPANY NAME _____

Mailing Address PO Box# / Apt# Street City County State Zip Code

 LIST BELOW ALL COLLEGES OR UNIVERSITIES IN WHICH YOU HAVE BEEN OFFICIALLY REGISTERED, REGARDLESS OF WHETHER CREDIT WAS EARNED OR NOT.
 INCLUDE DATES OF ATTENDANCE.

| NAME OF INSTITUTION | CITY | STATE | DATE ENROLLED | | DEGREE EARNED |
|---------------------|------|-------|---------------|--------------|------------------|
| | | | FROM | TO | |
| | | | MONTH / YEAR | MONTH / YEAR | |
| | | | | | |
| | | | | | |
| | | | | | |

WHAT IS YOUR MAJOR FIELD OF STUDY? _____

SEX: (Circle One) (Male) or (Female)

ETHNIC BACKGROUND: (Check One)

 _____ White (Non-Hispanic)
 _____ Black (Non-Hispanic)
 _____ Hispanic
 _____ American Indian
 _____ Asian / Pacific Islander
 _____ Non-Resident Alien / Foreign

MARITAL STATUS: (Check One)

 D- Divorced
 M- Married
 S- Single
 T- Other
 W- Widow / Widower

HANDICAP STATUS (Circle Code)

 1. Academically Disadvantaged
 2. Economically disadvantaged family or individual
 3. Individual with disabilities
 4. Limited English Proficiency
 5. Displaced Homemaker
 6. Single Parent

STATUS: – (Circle One) US CITIZEN – BY BIRTH NATURALIZED CITIZEN RESIDENT ALIEN FOREIGN STUDENT

OATH OF RESIDENCY

I understand the requirements for classification as a resident of Texas for tuition purposes and I affirm by my signature below that to the best of my knowledge and belief I am eligible to be so classified. I also affirm that I will notify the proper officials of this institution if circumstances change so as to disqualify me for this classification. I understand that violation of this oath of residency will result in disciplinary action.

ARE YOU A TEXAS RESIDENT? YES / NO DATE YOU BEGAN YOUR TEXAS RESIDENCY (Month _____ / Year _____)

IF YES, HOW LONG HAVE YOU LIVED IN TEXAS (Month _____ / Year _____)

HOW LONG HAVE YOU LIVED IN THE COUNTY IN WHICH YOU RESIDE? Month _____ / Year _____

 DO YOU OR YOUR PARENTS (If you are a dependent) OWN PROPERTY IN VAL VERDE, EDWARDS, REAL, UVALDE, MAVERICK, ZAVALA, DIMMIT, LA
 SALLE, FRIO, OR MEDINA COUNTY? YES / NO IF YES, WHAT COUNTY? _____

I CERTIFY THAT THE INFORMATION GIVEN ON THIS APPLICATION IS COMPLETE AND CORRECT.

Student's Signature _____

Date _____

Academy In-Service Training