



**DUAL ENROLLMENT STUDENT
HIGH SCHOOL TRANSFER FORM**

***** Submit to SWTX Admissions/Registrar Office or email to dualcredit@swtjc.edu for processing *****

SWTJC Student ID: _____ Semester: _____ Year: _____

Student Name: _____
First Middle Last

Student Mailing Address: _____
(where mail is received) Number or P.O. Box Street Name

City: _____ State: _____ Zip: _____

Student Email: _____ Student Cell Phone: _____

***** TRANSFER/CORRECTION INFORMATION *****

TRANSFER FROM:

School: _____ Withdraw Date: _____

TO:

School: _____ Enrollment Date: _____

Address: _____
City State Zip

**** 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 of the new information. Residency guidelines can be accessed online at www.swtjc.edu (select Admissions & Aid, Office of the Registrar).

Student Signature: _____ Date: _____

School Official Signature: _____ Date: _____

FOR SWTX USE

Processed by: _____ Date: _____