

**Please Print** 

## **OFFICE OF ADMISSIONS/REGISTRAR**

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## DUAL ENROLLMENT STUDENT DATA UPDATE

PLEASE SELECT ONE:

Student Information Update

**Readmission** 

Student ID:		Date of Birth:		
Student Name:			4	
	(First)	(Middle)	(Last)	
Student Name Change/Correct	ction (OFFICIAL docu	umentation required)		
From:				
	(First)	(Middle)	(Last)	
То:	(First)	(Middle)	(Last)	
Student Mailing Address:				
(address where mail is received)	Number	Street Name		
City:		State:	Zip Code:	
Student Mobile Phone:		Student Home Phone:		
Student Personal Email:				
Parent/Guardian Name:		Mobile Phone:		
Parent/Guardian Email:				
Have you attended another	College/University	? 🗆 YES 🗆 NO (if yes, please	submit an official transcript)	
School name		City & State	Dates Attended	
Student's Signature			Date	
FOR SWTJC USE				
Processed by:		Date:		