



Certification of Residency (Oath/Signature Part I)

Name: _____ CWID: _____
Last First Middle

__Fall__ Wintermester __Spring__ Maymester __Summer 1/3__ Summer 2 Year 200__

I understand that officials of Collin will use the information submitted on this form to determine my status for residency eligibility. I authorize Collin to verify the information I have provided. I agree to notify the proper officials of the college of any changes in the information provided. I certify that the information on this application is complete and correct and I understand that the submission of false information is grounds for rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment, or appropriate disciplinary action.

Signature

Date