



Certification of Residency  
(Oath/Signature Part I)

Name: \_\_\_\_\_ CWID: \_\_\_\_\_  
Last First Middle

\_\_\_Fall \_\_\_Spring \_\_\_Maymester \_\_\_Summer 1/3 \_\_\_Summer 2 Year 20\_\_\_

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