



# Western Undergraduate Exchange Program Verification for Residency Application

TERM APPLYING FOR: \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Year

**DEADLINE:** Form must be submitted NO LATER than 30 days from after the first day of the semester for which you are applying.

Student ID: \_\_\_\_\_

Last, First, & Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
Street City State Zip

Date of Birth: \_\_\_\_\_ Anticipated Major: \_\_\_\_\_

\*Programs NOT eligible for WUE: Dental Hygiene, Nursing, National Park Ranger Academy, and CCCOnline.

Of which State are you a resident? .....

Dates of continuous physical presence in State of Residency: .....

Date of absences (+1 months) from State of Residency:.....

Date driver's license number (from state of residency):.....

Is this a renewed license? .....

Last two years of motor vehicle registration in state of residency:....

Dates of employment in state of residency. (years) .....

Last two years state income tax filed and in which state. ....

Date of voter registration in state of residency.....

Do you own residential property in your state of residency?.....

You	Or, if you're under 23→	Your parents
_____	_____	_____
_____	_____	_____
_____	_____	_____
____ Yes ____ No		____ Yes ____ No
_____	_____	_____
_____	_____	_____
_____	_____	_____
____ Yes ____ No		____ Yes ____ No

Other circumstances which establish your residency for tuition purposes: \_\_\_\_\_

**For Student:** Name and Location of your high school: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

I swear that the information listed above is complete and true to the best of my knowledge. I understand that intentional omission or inaccuracy will result in immediate disqualification from the WICHE Western Undergraduate Exchange Program, and further, if admission to the institution is obtained through incomplete and/or false information, I will be held liable for compensating the institution the difference between the WUE tuition and fees amount and the non-resident tuition and fees amount charged by the institution.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY	Transcript Received:
	State of Legal Residence:
	Approved: Date:
	Denied: Date: