Western Regional Graduate Program (WRGP) Application Supplement
Residency Form

Applicants applying for the Western Regional Graduate Program (WRGP) must complete this supplemental application and return to the Coordinator of your department. To qualify for the WRGP tuition rate, applicants must prove to your department that they are residents of a WICHE state for at least 12 months at the time of application.

**Applicant Information**

Please print.

<table>
<thead>
<tr>
<th>Full Legal Name</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Maiden or Former Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Primary Phone</th>
<th>Other Phone</th>
</tr>
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<table>
<thead>
<tr>
<th>Current Address</th>
<th>Number and Street or Post Office Box</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>E-mail Address</th>
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**Residency Information**

State you are claiming as a residence for WRGP: ________________

You MUST answer each question below completely and accurately. Check “NA” if not applicable. Incomplete information could result in not being classified as WRGP.

<table>
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<th>NA</th>
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</table>

- Dates of continuous physical presence in your state (mo/yr) ___/____ to _____/____
- Dates of extended absences from your state (mo/yr) ___/____ to _____/____
- Dates of employment in your state (mo/yr) ___/____ to _____/____
- List last two years state income taxes have been filed in this state ___/____ to _____/____
- Have you filed state income taxes in this state as a partial-year resident or non-resident during the last two years? Yes ☐ No ☐
- What years _________ _____________
- Current driver’s license number ........................................__________
- Date Issued ........................................__________
- State Issued ........................................__________
- Previous driver’s license (immediately preceding current) ........................................__________
- Date Issued ........................................__________
- State Issued ........................................__________
- Vehicle license plate number ........................................__________
- State Issued ........................................__________
- List last two years of motor vehicle registration in this state ______ _____

Date of purchase or lease of residential property in your state (mo/yr) ................. ______/____