



WICHE/WUE PROGRAM

S# _____ Date _____

Last Name _____ First Name _____ M.I. _____

I, the above applicant wish to be considered for the WICHE/ WUE program at TSC:

Signed: _____

Telephone Number: _____

Address: _____

WICHE/WUE STATES: (please specify city/town)

_____ ALASKA _____ WASHINGTON _____ CALIFORNIA

_____ WYOMING _____ OREGON _____ MONTANA

_____ SOUTH DAKOTA _____ HAWAII _____ IDAHO _____ ARIZONA

_____ NEVADA _____ UTAH _____ NORTH DAKOTA

_____ Commonwealth of N. MARINA ISLANDS

For College Use Only:

Application Approved _____ Date _____

Application Denied _____

_____, Christy Holden, Registrar

