



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 TSJC:

Student's Signature: _____
Cell Phone Number: _____
Address: _____

***A copy of your driver's license, state issued identification, or federal identification (passport) is required to verify residency for the state below:**

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

_____ ALASKA _____ WASHINGTON _____ CALIFORNIA
_____ WYOMING _____ OREGON _____ MONTANA
_____ HAWAII _____ IDAHO _____ ARIZONA
_____ NEVADA _____ UTAH _____ N. DAKOTA _____ GUAM
_____ SOUTH DAKOTA _____ Commonwealth of the N. MARINA ISLANDS

SGASADD _____ Approved _____

Driver's Lic. _____ Denied _____