

THE COLORADO/NEW MEXICO TUITION RECIPROCITY PROGRAM

Social Security Number _____ Date _____

Last Name _____ First Name _____ M.I. _____

I, the above applicant wish to be considered for the Colorado/New Mexico tuition reciprocity program at
TSJC

Signed: _____ Telephone number: _____

Address: _____

For College Use Only:

Application Approved _____

Application Denied _____ Date _____

_____, Sandra Veltri, V.P. Student and Academic Affairs

