

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:

Signed: _____ Telephone Number: _____

Address: _____

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

_____ ALASKA _____ WASHINGTON _____ CALIFORNIA

_____ WYOMING _____ OREGON _____ MONTANA

_____ NEW MEXICO (excluding Raton) _____ SOUTH DAKOTA

_____ HAWAII _____ IDAHO _____ ARIZONA

_____ NEVADA _____ UTAH _____ NORTH DAKOTA

For College Use Only:

Application Approved _____

Application Denied _____

Date _____

_____, Christy Holden, Registrar

