

**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