

**WICHE Professional Student Exchange Program Application  
Colorado State Residents  
2011-2012 Academic Year**

Last, First, & Middle Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

(must be CO address)

\_\_\_\_\_

Phone: \_\_\_\_\_

SSN: \_\_\_\_\_ Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_

DOB: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Where did you hear about WICHE PSEP? \_\_\_\_\_

Ethnicity question is **optional**. Please circle one.

American Indian/Alaskan Native      Asian/Pacific Islander      Black      Hispanic      White

**NOTE:**

**Please answer the following under “Your Parents” if you are under 22 and unmarried;**

**Please answer under “You” if you are 23 or older;**

**Please answer under both “You” and “Your Parents” if you are 22.**

	<b>You</b>	<b>Your Parents</b>
Dates of continuous physical presence in CO	_____ to _____	_____ to _____
Dates of absences (+1 months) from CO	_____ to _____	_____ to _____
Date CO Driver’s License issued	_____ to _____	_____ to _____
Held a previous CO driver’s license? Yes / No	_____ to _____	_____ to _____
Exact years of CO motor vehicle registration	_____ to _____	_____ to _____
Dates of employment in CO	_____ to _____	_____ to _____
Exact years CO income tax filed	_____ to _____	_____ to _____
Date of CO voter registration	_____ to _____	_____ to _____
Purchase date of CO residential property	_____ to _____	_____ to _____
Does one or both of your natural parents reside in CO?	Yes      No	Yes      No

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Other circumstances which establish your Colorado residency for tuition purposes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name & location of your high school: \_\_\_\_\_  
 \_\_\_\_\_  
 Graduation Date: \_\_\_\_\_

List all higher education institutions you have attended

Name	Location (City and State)	Dates Attended	Tuition Status (In-state, out-of-state or private)	Date Degree Obtained

Rank each optometry school you have applied as first, second, third and fourth choice:

\_\_\_\_\_ Pacific University \_\_\_\_\_ Southern California College of Optometry \_\_\_\_\_ Midwestern University \_\_\_\_\_ Western University

You are applying for:

\_\_\_\_\_ Certification (first year) \_\_\_\_\_ Recertification (certified in Year \_\_\_\_\_, but did not participate)

Have you applied to any other schools? If so, please list: \_\_\_\_\_

When do you expect to graduate from optometry school? \_\_\_\_\_

\*\*\*\*\*  
 I understand that intentional omission or inaccuracy will result in immediate disqualification of financial support from the Colorado WICHE Professional Student Exchange Program and that I will be held liable for repayment of any financial support obtained through incomplete and/or false information.

\_\_\_\_\_  
**Signature** **Date**

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Under **C.R.S. 24-76.5-103(4)**, it is necessary that you supply proof of lawful presence in the United States and execute an affidavit affirming lawful presence.

Please supply a notarized copy of one of the following: a) valid CO driver's license or state ID card; 2) US Military card or military dependent's ID card; 3) US Coast Guard merchant mariner card; 4) Native American tribal document.

If you do not have one of these four types of ID, please contact the program supervisor for additional information.

**Lawful Presence Affidavit:**

I, \_\_\_\_\_, swear or affirm under penalty of perjury

under the laws of the state of Colorado that (**check one**):

I am a United States citizen; or

I am a Permanent Resident of the United States; or

I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_