

**IMPORTANT: APPLICANTS MUST ATTACH THE REQUIRED DOCUMENT DEMONSTRATING ELIGIBILITY WHEN SUBMITTING THIS APPLICATION**

Full Name (Last, First, Middle)		Date of Birth (mm/dd/yyyy)	Last 4 digits of Social Security No:	
Address	City	State	Zip Code	
Contact No.	Cellphone:	Email Address		

**STATE RESIDENT INFORMATION:**

The 15 states participating in WICHE are: Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Utah, Washington, and Wyoming. (Note: If you are a resident of the Northern Mariana Islands, this application is not required. Use the regular admissions application process.)

From which WICHE state are you a resident?	How long have you continuously been a resident of this state as of today? _____ Year(s)      _____ Month(s)
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**ELIGIBILITY REQUIREMENTS:**

Students must have one (1) year of residency in a qualified WUE/WICHE state. Proof of eligibility can be demonstrated by submitting one of the following items:

- Front and back copy of current state issued driver's license or a state issued ID; expired ID will not be accepted
- Most recent state income tax return
- W2 or vehicle registration

WUE/WRGP WICHE application deadlines: Fall – July 1 | Spring – December 1 | Summer – May 1. *Applications received after will be considered for the future term.*

**CERTIFICATION:**

I certify that the information on this application is complete and correct. I understand that any misrepresentation or falsification is sufficient cause for denial or cancellation of any benefits derived from this application and could result in other disciplinary action. I further understand that all documents submitted as part of this application become the property of University of Guam and will not be returned to me, nor duplicated for any reason. By submitting this application, I am agreeing to the terms of this affidavit.

\_\_\_\_\_  
Print and sign

\_\_\_\_\_  
Date

**FOR OFFICIAL USE ONLY**

Application for admission submitted:    Yes    No

WUE/WRGP Proof of residency:    State issued Driver's license    Most recent state income tax    Other: \_\_\_\_\_

Remarks: \_\_\_\_\_

Application Complete:    Yes    No

Processed by: \_\_\_\_\_                          Date: \_\_\_\_\_