

Colorado School of Public Health

Instructions for Western Regional Graduate Program (WRGP) Verification Form

WRGP status can be given to students who are residents of the following: Alaska, Arizona, California, Hawaii, Idaho, Montana, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming, and Commonwealth of the Northern Mariana Islands (CNMI). Students given this status will be charged the in-state, rather than the out-of-state tuition rate. This does not include any fees. All fees will need to be paid in-full by the student.

INSTRUCTIONS:

Complete the form below, making legible copies of required documents, with notary attesting to authenticity of signature and copied documents. Mail the **original** form to the Colorado School of Public Health, attention Office of Student Affairs, at the address specified below. We cannot accept faxed or electronic copies. This form must be received at least six weeks prior to the term you want to begin your program of study.

Colorado School of Public Health

University of Colorado | Anschutz Medical Campus

Office of Student Affairs

13001 East 17th Place, Campus Box B119

Building 500, 3rd Floor, Suite C3000

Aurora, CO 80045

Colorado School of Public Health

Western Regional Graduate Program (WRGP) Verification Form

Last Name: _____ First Name: _____ MI: _____

CSPH Program of Acceptance (MPH, DrPH, Certificate): _____ Home Campus: _____

Former Maiden Name (if applicable): _____ Date of Birth: _____

Place of Birth (city/state): _____ Sex: M____ F____ Ethnicity (optional): _____

Please indicate term/year for which you are starting your CSPH program: Semester: _____ Year: _____

Please indicate the WRGP eligible state that you are claiming: _____

Preferred Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Permanent Residence Address: _____

City: _____ State: _____ Zip: _____ Email: _____

You must answer EACH of the following questions (1-12):

1. Are you a citizen of the United States? _____
By Birth? _____ Naturalization? _____ Date of Naturalization _____

*****Copy of front and back of Permanent Resident Alien card must be attached**

2. Are you in the United States on a Visa? _____ Type of Visa: _____ Date of Visa: _____

*****Copy of front and back of Visa must be attached**

3. Are you currently registered to vote? _____ Where? _____

4. Have you ever registered to vote in Colorado? _____ When/Where? _____

5. Please list the states in which you have file a income tax return in the last two years: _____

6. Have you ever filed a Colorado Income Tax Return? _____ If so, what year(s)? _____

7. Do you own a car? _____ Registered in what state? _____ Date Registered: _____

8. Have you ever registered a car in Colorado? _____ If so, what year(s)? _____

9. Please specify your driver's license number: _____ What state is it registered in: _____

*****Copy of valid driver's license must be attached**

10. Have you ever obtained a Colorado Driver's License: _____ If so, what year? _____

11. List each residence address you have had in the past two years, including your current address, and the dates of your residence at each: (include extra pages, if necessary)

<u>Address</u>	<u>City</u>	<u>State</u>	<u>Dates of Residence</u>

12. List employment history for the past two years, including, if applicable, your present employer.

_____	_____	_____
<i>(Name of Employer)</i>	<i>(City/State where you worked)</i>	<i>(Dates of Employment)</i>
_____	_____	_____
<i>(Name of Employer)</i>	<i>(City/State where you worked)</i>	<i>(Dates of Employment)</i>
_____	_____	_____
<i>(Name of Employer)</i>	<i>(City/State where you worked)</i>	<i>(Dates of Employment)</i>
_____	_____	_____
<i>(Name of Employer)</i>	<i>(City/State where you worked)</i>	<i>(Dates of Employment)</i>

Sign before a notary public before returning

*****OATH*****

State of: _____

County of: _____

I hereby swear/affirm that the answers given in this application are accurate and complete. I understand that a final determination of my eligibility and status will be made by the Colorado School of Public Health and conveyed to me after a final review.

Signature of Applicant

Date

Subscribed and sworn to before me this date: _____

Notary Public

My commission expires:

Please retain a copy for your records.

For CSPH Office Use Only

CSPH Approval

Date