Western Regional Graduate Program (WRGP)

The Western Regional Graduate Program (WRGP) allows master’s students who are residents of the 15 participating WICHE states to enroll in the M.S. in Modern Human Anatomy (MSMHA) program and pay resident tuition. The eligible participating states are Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming, and the Commonwealth of the Northern Mariana Islands. WRGP applies only tuition – students are required to pay all fees in-full.

INSTRUCTIONS:
To be considered for WRGP, applicants must complete the WRGP Verification Form below in full, and submit the form directly to the Program Administrator at the time of the application submission. This form simply verifies your residency in the WRGP participating state.

Please either mail or send the form electronically to:

Jennifer Thurston
Mail Stop F435
13001 E 17th Place
Aurora, CO 80045

OR

Jennifer.thurston@ucdenver.edu
Western Regional Graduate Program (WRGP) Verification Form

Last Name: ____________________________________ First Name: _______________________________ MI: _______

Former Maiden Name (if applicable): ______________________________ Date of Birth: _________________________

Place of Birth (city/state): _________________________ Sex: M____ F____

Please indicate year for which you are matriculating into the MSMHA program: Year: _____________________

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

Preferred Mailing Address: ____________________________________________________________________________

City: _______________________________ State: _______ Zip: ___________ Phone: _____________________________

Permanent Residence Address (if different from mailing address):

__________________________________________________________________________________________________

City: _______________________________ State: _______ Zip: ___________ Phone: _____________________________

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

1. Are you a citizen of the United States?     YES___   NO___

   By Birth? YES___ NO___ By Naturalization? YES___ NO___ 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?   YES___   NO___    Type of Visa**: _________ Date of Visa:  _______________

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

3. Are you currently registered to vote?   YES___   NO___        If so, where? _____________________________________

4. Have you ever registered to vote in Colorado?    YES___   NO___    If so, when/where? __________________________

5. Please list the states in which you have filed an income tax return in the last two years: _________________________

                                                                                                         ______________________________________

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

7. Do you own a car?     YES   NO   Registered in what state? __________    Date Registered:  _______________________

8. Have you ever registered a car in Colorado?     YES___   NO___  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:   YES___   NO___   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)

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Dates of Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

(Name of Employer) (City/State where you worked) (Dates of Employment) (Title)

(Name of Employer) (City/State where you worked) (Dates of Employment) (Title)

(Name of Employer) (City/State where you worked) (Dates of Employment) (Title)

(Name of Employer) (City/State where you worked) (Dates of Employment) (Title)

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 Modern Human Anatomy program and conveyed to me after a final review.

__________________________       __________
Signature of Applicant       Date