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)

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<th>Address</th>
<th>City</th>
<th>State</th>
<th>Dates of Residence</th>
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</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)

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

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

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