

Arizona Western College
Western Undergraduate Exchange (WUE) Program Application

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____ Telephone Number: _____

Term applying for: ___ Spring ___ Summer ___ Fall

Academic Year: _____

Name of State for which you claim legal domicile: Circle One

Alaska	Montana	Oregon	Wyoming
Colorado	Nevada	South Dakota	
Hawaii	New Mexico	Utah	
Idaho	North Dakota	Washington	

I certify that I am currently a legal resident of the state of _____.
Further, the information contained in this application and on the attached documentation is true and correct. I understand that although I will not pay out of state tuition, I am not considered a resident of Arizona. WUE tuition will be calculated at 150% of resident tuition rates. If application found to be otherwise, I understand that I will be liable for the non-resident rates as posted for the current term applying for.

Applicant Signature

Date

Please attach documentation supporting residency in the state which you claim legal domicile, i.e., state taxes, driver's license, etc.

FOR OFFICE USE ONLY

_____ Approved

_____ Disapproved

Associate Dean for Enrollment Services

Date