WESTERN UNDERGRADUATE EXCHANGE (WUE) PROGRAM VERIFICATION FOR RESIDENCY APPLICATION FORM



Acadomic Voar WI IE status	is requested:	D	ate:
Academic Year WUE status is requested:			
		_ Last 4 digits of SSN:	XXX-XX-
Student Name:			
Last		First	Middle Name
Local Address & Phone:			
Permanent Address & Phone:			
Sex:	Marital Status:		# of Children:
Name and location of student's high school Graduation date			
	7		
Student's Age			Complete this section with parent(s) information if you are under 22 years old and have never been married.
	YOU		YOUR PARENT(s)/LEGAL GUARDIAN(s)
Of which state are you a res	sident?		
Dates of continuous physic presence in state of resider			to
Dates of absences (+1mon			to
Date driver's license issued	in state of residency		
Exact years of motor vehicl	e registration and in which state		
Dates of voter registration			
_	pperty in your state of residence?		
Previous driver's license in s		○ Yes ○ No	
Does one or both or your na state of residency?	atural parents reside in your	○ Yes ○ No	○Yes ○No
Other circumstances which your residency for tuition p			
, , ,			
intentional omiss Undergraduate Excha and/or false informati	sion or inaccuracy will resu nge Program, and further, on, I will be held liable for	It in immediate disq if admission to the i compensating the ir	best of my knowledge. I understand that ualification from the WICHE Western institution is obtained through incomplet istitution the difference between the WU
tuition and fees	amount and the non-resid	ent tuition and fees	amount charged by the institution.
Student Signature:			Date:
	Return form to:		
	MCC Student Ser	vices	
		Fort Morgan, CO 8070	I
vw.morgancc.edu	FAX 970-542-311	4	
MCC Portal	Student.Services	@MorganCC.edu	

Rev. 4/1/2014 Approved by KM B-S-ADMN_WUE APPLICATION FORM