TERMINAL \hspace{10mm} ARAPAHOE COMMUNITY COLLEGE
WESTERN UNDERGRADUATE EXCHANGE
REQUEST FOR WUE ENROLLMENT
Admissions & Records, ACC, 5900 S Santa Fe Drive, Littleton, CO  80160-9002
FAX: 303-797-5970 EMAIL: admissions@arapahoe.edu

DEADLINE: Application must be submitted **NO LATER** than the last day of the term in which you are enrolling. The application and supporting documents must be submitted **each semester** you wish to be considered for WUE.

TERM APPLYING FOR: Summer _____ Fall _____ Spring _____ Year _____

STUDENT ID: ________________________________

NAME: ______________________________________ Age: ______________

ADDRESS: ______________________________________

CITY: ___________________ STATE: ___________ ZIP CODE: ________

PHONE NUMBER: ___________________ MAJOR AREA OF STUDY: __________

EMAIL ADDRESS: ________________________________________________

If you are under 23 and unmarried complete BOTH columns (your parents information will be used to determine your residency status)

Date of your marriage if you are under 23 yrs of age: __________________

State of residency: __________________

<table>
<thead>
<tr>
<th>YOUR PARENTS</th>
<th>YOU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dates of continuous physical presence in state of residency</td>
<td>_____ to _____</td>
</tr>
<tr>
<td>Dates of extended absences from state of residency</td>
<td>_____ to _____</td>
</tr>
<tr>
<td>Date driver’s license issued in state of residency (mm/yy)</td>
<td>________________</td>
</tr>
<tr>
<td>Is driver’s license new or renewal in state of residence?</td>
<td>________________</td>
</tr>
<tr>
<td>Last 2 years of motor vehicle registration &amp; which state (mm/yy)</td>
<td>________________</td>
</tr>
<tr>
<td>Dates of employment in state of residency (years)</td>
<td>_____ to _____</td>
</tr>
<tr>
<td>Exact years income tax filed and in which state</td>
<td>________________</td>
</tr>
<tr>
<td>Date of voter registration in state of residency</td>
<td>________________</td>
</tr>
<tr>
<td>Do you own residency property in your state of residence</td>
<td>________________</td>
</tr>
<tr>
<td>Other circumstances which establish your residency for tuition purposes</td>
<td>__________________________</td>
</tr>
</tbody>
</table>

Name and location of your high school ______________________________________________________

Date of graduation __________________
ATTACH DOCUMENTATION OF STATE RESIDENCY TO THIS APPLICATION

You MUST include residency documentation to support your request for WUE status (i.e., driver’s license, car registration or State Income Tax Returns). If you are under age 23, submit documentation of your parent’s residency. Your application cannot be processed without this documentation.

Submit application to the Office of Admissions and Records at ACC by fax (# is located at top of first page), email to admissions@arapahoe.edu or mail to:

Admissions & Records
Arapahoe Community College
5900 S Santa Fe Drive
Littleton CO 80160-9002

You must have residency in the WUE state you did reside in, or are currently residing in, for a minimum of 12 consecutive months prior to the start of the semester you are enrolling in.

When admitted as a WUE student, the student will pay 150 percent of the institution's regular resident tuition (i.e., 50 percent more than the resident tuition), plus fees that all students are required to pay.

NOTE: All programs are open to WUE students on a space available basis.

I swear that the information listed above is complete and true to the best of my knowledge. I understand that intentional omission or inaccuracy will result in immediate disqualification from the WICHE Western Undergraduate Exchange Program, and further, if admission to the institution is obtained through incomplete and/or false information, I will be held liable for compensating the institution the difference between the WUE tuition and fees amount and the non-resident tuition and fees amount charged by the institution.

Student's Signature: ___________________________ Date: ______________

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FOR OFFICE USE ONLY

DOCUMENTS RECEIVED: ____________________

STATE OF LEGAL RESIDENCE: ______________

DECISION BY: ___________________________ DATE: ______________

APPROVED: ___________________________ DENIED: ____________________

B-S-ADMIN WUE
Revised: Nov. 21, 2014