

# Western Regional Graduate Program (WRGP)

Current Date

Please complete all sections below and click the **"Submit by Email"** button at the top of the page. Any omission of required information will result in a denial of your application to the NAU WICHE WRGP program. Only students who have been admitted to NAU in an eligible program and are residents of **AK, CA, CNMI, CO, HI, ID, MT, NV, NM, ND, OR, SD, UT, WA, and WY** may apply for WRGP.

**Eligible Programs:** Please see the drop-down Program list.

## PART 1: Student Information

Last Name:  First Name:  Program:   
NAU ID (if applicable):  Email:  Phone:

## PART 2: Residency Information

Which of the above states do you claim to be a resident of?

Date your present stay in the above state began (mm/dd/yyyy):

### Driver's License Information:

(Please scan a copy of your licence and either email to **graduate@nau.edu** or mail to **NAU Graduate College, Box 4125, Flagstaff, AZ 86011**)

State:  Number:  Date Issued (mm/dd/yyyy):

If you do not have a driver's license, do you have an ID for your claimed state of residence? ☐ No ☐ Yes

Date ID Issued (mm/dd/yyyy):

Do you own a motor vehicle? ☐ No ☐ Yes

State Registered:  Number:  Date Issued (mm/dd/yyyy):

What are your present sources of income (e.g., Parents = 50%, Financial Aid = 50%, for a total of 100%)?

Employment:  Parent:  Spouse:  Financial Aid:  Other:

## PART 3: Employment History

List all employment, beginning with the most recent, for the past three years:

Employer	City	State	State Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Number of **years** you have filed an income tax return for the state you claim above:

Are you eligible to be claimed as a tax exemption by anyone else (e.g., parent or spouse)? ☐ No ☐ Yes

Are you under the age of 24, or are you financially dependent (for tax purposes) on your parents? ☐ No ☐ Yes  
(If your answer is "Yes," please complete the **Parent or Legal Guardian Information** section below)

### Parent or Legal Guardian Information

Last Name:  First Name:   
Address:  City:  State:  Zip:

By initialing below, I certify that the information on this application is complete and correct and understand that any misrepresentation or falsification is sufficient cause for denial or cancellation of any benefits derived from this application and could result in other disciplinary action. I further understand that all documents submitted as part of this application become the property of Northern Arizona University and will not be returned to me, nor duplicated for any reason. By submitting this application I am agreeing to the terms of this affidavit.

Initials: