

If you have questions regarding PSEP

Printed Name	e		
	Last	First	Middle
	PROFES	SSIONAL STUDENT EXCHANGE PROGRAM APPLICATIO LIST OF ELIGIBLE COLLEGES	N
		NON-WICHE INSTITUTIONS	
		DENTISTRY	
*MN	* University of Mir	nnesota, Minneapolis, MN	
		VETERINARY MEDICINE	
*IA	* Iowa State Unive	ersity, Ames, IA	
*KS		iversity, Manhattan, KS	
* 8 4 5 1		ary medicine applicants receive priority consideration.)	
*MN	^ University of Mir	nnesota, St. Paul, MN	

^{*} These institutions are not WICHE schools, however, separate professional student exchange agreements are



RETURN FORM TO:

North Dakota University System 600 E Boulevard Avenue, Dept. 21 Bismarck, ND 58505-0602

NORTH DAKOTA UNIVERSITY SYSTEM Application for Resident Student Status

A. Introduction

(Before filling in blanks, read the following carefully.) The representations made in this application are made for the purpose of determining legal residency for tuition purposes. All statements are subject to investigation and verification. Any false statement or omission made for the purpose of misleading or defrauding an institution constitutes grounds for expulsion and is punishable as a Class A Misdemeanor (for which the maximum penalty is one year's imprisonment or a \$1,000 fine or both).

Home Address (No PO Box)_				
	street			
Cumant Mailing Address	city	state	zip	telephone #
Current Mailing Address	street			
_				
		state attended during the last three years, the do not that line if no distinction was made by the		telephone #
	ducation that you have	attended during the last three years, the d	lates of attendance at eac	h, and whether you
paid a resident or nonresident t	ducation that you have	attended during the last three years, the d n that line if no distinction was made by the	dates of attendance at eache institution).	h, and whether you
paid a resident or nonresident t	ducation that you have uition (indicate N/A o	attended during the last three years, the don that line if no distinction was made by the Dates of Attendance	dates of attendance at eache institution).	h, and whether you

5. Name of school attend21 0 0 14()-TQ school attend21 0 0 14()-TQ school a

c.	I am a dependent child whose parent or guardian has been a legal resident of North Dakota for 12 months immediately prior to the beginning of the academic term or resides in the state with the intent to establish residency in the state for a period of years. (Attach copy of first page of parent's most recent federal income tax return.) Name of parent or guardian
	Parent's Address

PSEP – CONSENT & WAIVER FORM To Transfer Student Records through the Student Exchange Program

Western Interstate Commission for Higher Education 3035 Center Green Drive, Boulder, Colorado 80301 Tel: (303) 541-0214

PURPOSE FOR REQUESTING STUDENT SIGNATURE ON CONSENT AND WAIVER FORM: Public Law 93-380, the Federal Family Educational Rights and Privacy Act of 1974, requires all who hold custody of student records to insure protection of personally identifiable information. Administration of WICHE Student Exchange Program requires the exchange of educational information about student applicants in order to provide for consideration of enrollment and transfer of funds by the state in the case of admission by the school. In order to facilitate exchange of necessary documents, the student applicant is asked to sign a "Consent and Waiver" statement.

Student willingness to sign a consent statement is not a requirement

VETERINARY MEDICINE APPLICANTS ONLY Professional Student Exchange Program Policy

ACKNOWLEDGEMENT FORM

I understand that I must inform the NDUS whether I accept, or decline offers of admission to a College of Veterinary Medicine by April 1 of the year of offer. I further understand that my failure to notify the NDUS by April 1 may result in the loss of eligibility for support under PSEP.

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Name (Please Print)	
Permanent Address	City, State, Zip
Signature	Date
	STATEMENT OF INTENT
understanding that you are committeenrollment until completion of the co	at all cooperating veterinary medical programs is based on the ed to remain in the degree program from the time of your first burse of study. Therefore, we have been requested to secure the North Dakota certified veterinary medicine applicant:
the cost of my veterinary medical ed	aware that if the State of North Dakota pays support fees to defray lucation. If admitted under the PSEP program, I am committed to ine as a supported exchange student without voluntary interruption
Signature	 Date