



If you have questions regarding PSEP

Printed Name

Last

First

Middle

PROFESSIONAL STUDENT EXCHANGE PROGRAM APPLICATION
LIST OF ELIGIBLE COLLEGES

NON-WICHE INSTITUTIONS

DENTISTRY

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VETERINARY MEDICINE

- 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

Name (Please Print)

Permanent Address

City, State, Zip

Signature

Date

STATEMENT OF INTENT

Signature

Date