



Modern Human Anatomy Program

UNIVERSITY OF COLORADO **ANSCHUTZ MEDICAL CAMPUS**

Western Regional Graduate Program (WRGP)

The Western Regional Graduate Program (WRGP) allows master's students who are residents of the 15 participating WICHE states to enroll in the M.S. in Modern Human Anatomy (MSMHA) program and pay resident tuition. The eligible participating states are Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming, and the Commonwealth of the Northern Mariana Islands. WRGP applies only tuition – students are required to pay all fees in-full.

INSTRUCTIONS:

To be considered for WRGP, applicants must complete the WRGP Verification Form below in full, and submit the form directly to the Program Administrator at the time of the application submission. This form simply verifies your residency in the WRGP participating state.

Please either mail or send the form electronically to:

Jennifer Thurston
Mail Stop F435
13001 E 17th Place
Aurora, CO 80045

OR

Jennifer.thurston@ucdenver.edu

Western Regional Graduate Program (WRGP) Verification Form

Last Name: _____ First Name: _____ MI: _____

Former Maiden Name (if applicable): _____ Date of Birth: _____

Place of Birth (city/state): _____ Sex: M ___ F ___

Please indicate year for which you are matriculating into the MSMHA program: _____ Year: _____

Please indicate the WRGP eligible state that you are claiming: _____

Preferred Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Permanent Residence Address (if different from mailing address):

City: _____ State: _____ Zip: _____ Phone: _____

You must answer EACH of the following questions (1-12):

1. Are you a citizen of the United States? YES ___ NO ___

By Birth? YES ___ NO ___ By Naturalization? YES ___ NO ___ Date of Naturalization* _____

**Copy of front and back of Permanent Resident Alien card must be attached*

2. Are you in the United States on a Visa? YES ___ NO ___ Type of Visa** : _____ Date of Visa: _____

***Copy of front and back of Visa must be attached*

3. Are you currently registered to vote? YES ___ NO ___ If so, where? _____

4. Have you ever registered to vote in Colorado? YES ___ NO ___ If so, when/where? _____

5. Please list the states in which you have filed an income tax return in the last two years: _____

6. Have you ever filed a Colorado Income Tax Return? YES ___ NO ___ If so, what year(s)? _____

7. Do you own a car? YES ___ NO ___ Registered in what state? _____ Date Registered: _____

8. Have you ever registered a car in Colorado? YES ___ NO ___ If so, what year(s)? _____

9. Please specify your driver's license number***: _____ What state is it registered in: _____

****Copy of valid driver's license must be attached*

10. Have you ever obtained a Colorado Driver's License: YES ___ NO ___ If so, what year? _____

11. List each residence address you have had in the past two years, including your current address, and the dates of your residence at each: (include extra pages, if necessary)

<u>Address</u>	<u>City</u>	<u>State</u>	<u>Dates of Residence</u>

12. List employment history for the past two years, including, if applicable, your present employer.

(Name of Employer) (City/State where you worked) (Dates of Employment) (Title)

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I hereby swear/affirm that the answers given in this application are accurate and complete. I understand that a final determination of my eligibility and status will be made by the Modern Human Anatomy program and conveyed to me after a final review.

Signature of Applicant

Date