

**Application for the Western Regional Graduate Program (WRGP)
Western Interstate Commission for Higher Education (WICHE)**

Submit this form to the Graduate School (184 Parkmill; PO Box 751, Portland OR 97207; grad@pdx.edu)

Name _____ PSU ID # _____
last first middle

Present Address _____
street city state zip

Permanent Address _____
street city state zip

Day Phone _____ Email _____

Date of Birth _____ Place of Birth _____
month / day / year city state/province

Length of residence in your present state From _____ To _____ State _____
month / day / year month / day / year

Country of Citizenship _____ If not USA, type of Visa or other status _____

I am applying for the following program:

- | | |
|--|--|
| <input type="checkbox"/> Creative Writing, MFA | <input type="checkbox"/> Public Affairs and Policy, PhD |
| <input type="checkbox"/> Criminology and Criminal Justice, MS | <input type="checkbox"/> Public Interest Design, CRTGR |
| <input type="checkbox"/> Earth, Environment and Society, PhD | <input type="checkbox"/> Public Policy, MPP |
| <input type="checkbox"/> English, MA | <input type="checkbox"/> Real Estate Development, MRED |
| <input type="checkbox"/> Environmental Management, MEM | <input type="checkbox"/> Taxation, MT |
| <input type="checkbox"/> Environmental Science and Management, MS | <input type="checkbox"/> Teaching English to Speakers of Other Languages, MA |
| <input type="checkbox"/> Finance, MS | <input type="checkbox"/> Urban and Regional Planning, MURP |
| <input type="checkbox"/> History, MA | <input type="checkbox"/> Urban Studies, MUS |
| <input type="checkbox"/> Public Administration, MPA | <input type="checkbox"/> Urban Studies, PhD |
| <input type="checkbox"/> Public Administration: Health Administration, MPA | |

Intended term of admission _____

Have you ever attended PSU previously? Yes No

Have you paid non-resident tuition at PSU during the past year? Yes No
 If yes, what terms? _____

List all colleges and universities attended, including your present institution

School (most recent first)	State	From (mo/yr)	To (mo/yr)

I understand that I am eligible for WICHE-related in-state tuition provided I am a resident of a participating state* for a minimum of one year immediately preceding my term of admission and am admitted to a participating program. To maintain eligibility, I must be in good academic standing and making satisfactory progress toward my degree. (*AK, AZ, CA, CNMI, CO, Guam, HI, ID, MT, NV, NM, ND, SD, UT, WA, WY)

Signature _____ Date _____

GS Use Only

Received	Adm Gpa	cr/total	Decision	Comments
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