



Thank you for your interest in the Western Interstate Commission for Higher Education (WICHE) Professional Student Exchange Program. Please refer to the WICHE website (<http://www.wiche.edu/sep/psep/>) for a listing of participating institutions. Application to institutions which are not WICHE participants will have no bearing on your eligibility for certification.

The following forms need to be completed and returned no later than **October 15:**

- Application (1 copy)
- Consent Form (3 copies)
- Statement of Understanding (2 copies)
- Statement of Intent (2 copies)
- Xerox Copy of Graduate Record Exam (GRE) Scores

All forms must be completed, signed and returned with an official copy of your undergraduate transcript(s) in order for you to be considered for WICHE certification. I encourage you to make copies for your records.

Admission requirements vary from institution to institution, but it is usually to your advantage to apply early.

\* Please read the letter regarding at-large funding carefully. This program provides expanded opportunities for Utah applicants to colleges of veterinary medicine. If you have any questions, please contact your pre-professional advisor or call me at (801) 321-7104.

Sincerely,

*Michele Vincent*

Michele Vincent  
WICHE Certifying Officer

**WESTERN INTERSTATE COMMISSION FOR HIGHER EDUCATION (WICHE)**  
and  
**UTAH VETERINARY MEDICINE AT-LARGE FUNDING**

Application for certification in \_\_\_\_\_  
(Field of study)

This application is your request to be certified as eligible for funding consideration through the WICHE Professional Student Exchange Program (PSEP) and the Utah Veterinary Medicine "At Large" Program. **In order to be eligible for certification, you must have been a bona fide resident of the State of Utah for five full years prior to the time of application.** Certification does not ensure your admission to any university or school. You must submit an application for admission to the school(s) of your choice separately. If you wish to recertify next year, you must complete a new application form.

The State of Utah provides WICHE support for a limited number of students in the fields of Veterinary Medicine, Optometry and Podiatry. In addition, the State provides support for a limited number of students in Veterinary Medicine through the Utah At-Large Program. Please contact the Utah Certifying Officer via telephone (801) 321-7104 or email [mvincent@utahsbr.edu](mailto:mvincent@utahsbr.edu) if you have questions or would like additional information on either program.

Instructions for completion of this application:

1. Responses should be typed or printed legibly
2. Enclose an OFFICIAL copy of your postsecondary transcript(s)
3. Sign and return with this application three copies of the enclosed Consent Form. Veterinary Medicine applicants must also sign and return two copies of the enclosed Statement of Understanding and Statement of Intent forms and submit a Xerox copy of your Graduate Record Exam (GRE) scores.
4. List schools to which you are applying:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_
  - e. \_\_\_\_\_
  - f. \_\_\_\_\_

APPLICATION DEADLINE: **OCTOBER 15**

Full Name: \_\_\_\_\_

Current Telephone: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Message Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Previous addresses during the past five years: \_\_\_\_\_

Birthplace \_\_\_\_\_

Parents' Names: Father \_\_\_\_\_

Mother \_\_\_\_\_

Addresses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you are not a native born or naturalized citizen of the United States, what is your resident status in the U.S.?

My current undergraduate (Bachelors Degree) overall grade point average (GPA) is \_\_\_\_\_.

Complete list of high schools, colleges and universities attended:

**High School:**

Name	State	Dates	Date of Graduation
------	-------	-------	--------------------

**College or University:**

Name	State	Dates	Residency Status	Degree(s)
------	-------	-------	------------------	-----------

Name	State	Dates	Residency Status	Degree(s)
------	-------	-------	------------------	-----------

Name	State	Dates	Residency Status	Degree(s)
------	-------	-------	------------------	-----------

**Related Work Experience:**

I am currently enrolled as a \_\_\_\_\_ (class) in \_\_\_\_\_ (major subject) at \_\_\_\_\_ (institution). I expect to complete all requirements for admission to a school of \_\_\_\_\_ (field) by \_\_\_\_\_ (date).

**Verification of Resident Status**

I have been a legal resident of \_\_\_\_\_ (state) since \_\_\_\_\_ (date).

My parents have been legal residents of \_\_\_\_\_ since \_\_\_\_\_.

**If you do not live in Utah, explain how you qualify as a Utah resident:** \_\_\_\_\_

I do expect to return to Utah to practice my profession if I participate in this program. I understand that continuation in the WICHE program is subject to legislative appropriations each year, and that I may be required to pay a portion of the WICHE or contract fee to the state as may be determined by the Legislature or the Utah State Board of Regents.

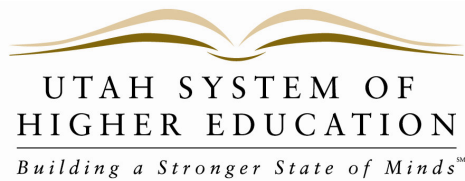
I certify that all statements and dates herein are true to the best of my knowledge.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Completion of the following is voluntary. Information will only be used for reporting purposes only. <b>Gender:</b> Male ____ Female ____ <b>Ethnicity:</b> White ____ Hispanic ____ Black ____ Asian ____ Pacific Isl. ____ Am. Indian ____ Alaskan Native ____ Other ____
--

Return completed application to:

Michele Vincent, Utah WICHE Certifying Officer  
 Utah System of Higher Education  
 Board of Regents Building, The Gateway  
 60 South 400 West  
 Salt Lake City, UT 84101-1284



## State of Utah Support for "At Large" Students at Schools of Veterinary Medicine

The state of Utah supports a limited number of veterinary medicine students per year. Students may be supported as eligible WICHE students accepted at designated WICHE schools or eligible "at large" students accepted at any accredited school of veterinary medicine within the continental United States. Individuals may apply as both WICHE and "at large" applicants at designated WICHE schools.

### What is an "at large" student?

A student who has been accepted at a school of veterinary medicine in another state with the understanding that he/she will be responsible for full payment of non-resident tuition and fees. These students may also be referred to as "non-resident" or "out-of-state" students. The state of Utah provides support for these students contingent upon continued funding from the State Legislature.

### How does an "at large" student become eligible for state support?

Eligibility criteria are the same as those for the WICHE Program. Students must have been residents of the state of Utah for five years prior to application for certification, and must follow the same application process and meet the same application deadline as students applying for WICHE certification. An eligible student who is accepted by an accredited school of veterinary medicine within the continental United States on an "at large" basis, and who wishes to receive state support, must provide this office with a copy of his/her acceptance letter from the school and documentation of the student's acceptance of the school's offer.

### What is the amount of state support available for an "at large" student?

State support for the selected "at large" students is the difference between resident and non-resident tuition up to a designated maximum (\$14,550 beginning Fall 2010). Students receive this funding each year for four years if they maintain satisfactory academic progress, are advanced with their class without reservation, and are not eligible to pay resident tuition and fees. If, for any reason, a student becomes eligible to pay the resident tuition and fee rate of the state in which he/she is attending a school of veterinary medicine, support from the State of Utah ceases.

### What is the difference between state WICHE support and support for "at large" students?

Veterinary medicine students who receive support through the WICHE program pay resident tuition and fees at designated WICHE schools. The state of Utah pays a support fee to these schools in addition to tuition and fees paid by the student.

"At large" students are responsible for full payment of non-resident tuition and fees. The state of Utah provides support for a limited number of eligible "at large" students each year at any accredited school of veterinary medicine in the *Continental United States*. The amount of state support, which is paid directly to the school, is equal to the difference between resident and non-resident tuition up to the approved amount per year for four years.

If you have additional questions regarding the above program, please discuss them with your campus WICHE veterinary medicine advisor or call Michele Vincent at (801) 321-7104 or email [mvincent@utahsbr.edu](mailto:mvincent@utahsbr.edu).

# CONSENT 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 for participation in the program.

*DESCRIPTION OF USE OF PERSONAL RECORDS:* The program collects and uses information concerning student eligibility for the program; admission; enrollment; academic progress; graduation and/or termination from the professional program; and payment of fees by the state through WICHE to the receiving school.

This information is exchanged between and among the certifying office of the student's home state; the staff of the Student Exchange Program, Western Interstate Commission for Higher Education; and the professional school(s) to which the student makes application and is admitted. The WICHE Commissioners of the sponsoring state may also review applications to consider eligibility of student(s).

Periodic accounting for the Student Exchange Program in the state and in the region may result in publication of reports which may contain the student's name, home address, year of enrollment, enrolling institution, and money spent by the state to support the student's effort to reach an educational objective.

*NOTIFICATION CONCERNING STUDENT ACCESS TO PERSONAL RECORDS:* Any student participant or applicant for participation in the Student Exchange Program has access to his/her personal records maintained as a part of the exchange activity. He/she may inspect and/or receive copies at a cost not to exceed the actual cost of reproduction.

## CONSENT AND WAIVER

- I understand that it is necessary to process student records in order to carry out the purpose of the Student Exchange Program, providing access to educational opportunities for residents of the western states.
- I understand that the record-keeping process requires preparation, transmission, receipt, filing, and reporting of information appropriate to the effectiveness and continuity of the program.
- I hereby consent to the transfer of personally identifiable educational records between and among the participants in the Student Exchange Program of the Western Interstate Commission for Higher Education to include the following:
  - Information concerning student eligibility, acceptance, and educational attainment
  - Information concerning fees paid by the sending state through WICHE to the receiving school
  - Lists of applicants certified as eligible for support
  - Admissions reports, withdrawal reports, and annual reports for WICHE Exchange Students
  - Support Agreement forms and invoices
  - Special letters of inquiry and response as required to address questions and concerns identified by program participants
- I understand that the information referred to herein will be available only to Student Exchange Program staff members, designated institutional officials, and sending state officials as required to carry out their official duties.
- I further consent to the transfer of all or a portion of the above educational records to admissions officers and certifying officers as required to accommodate the needs of the Student Exchange Program provided that the officers receiving the information will not permit any other party to have access to such information without the express written consent of the undersigned.

- I hereby waive my right to receive specific notification of the transfer of such records. I understand that personally identifiable educational records will be used only to the extent necessary to carry out the purposes of the Student Exchange Program including reasonable research studies necessary to evaluate and improve the program. Any general research report of information that might prove harmful or embarrassing will be included only when anonymity is preserved. Use of the information will be permitted only when, in the judgment of the Student Exchange Program director or other designated staff member, the request for information is wholly consistent with my best interests and the purposes of the Student Exchange Program.
- I understand that a log will be maintained to identify access to my records which is permitted pursuant to law, and this information will be available to me upon appropriate request. A locked file will be maintained for the regular storage and protection of personal educational records.

Name \_\_\_\_\_  
(Please print)

Signature \_\_\_\_\_

Permanent Address \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

Date \_\_\_\_\_

# CONSENT 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 for participation in the program.

*DESCRIPTION OF USE OF PERSONAL RECORDS:* The program collects and uses information concerning student eligibility for the program; admission; enrollment; academic progress; graduation and/or termination from the professional program; and payment of fees by the state through WICHE to the receiving school.

This information is exchanged between and among the certifying office of the student's home state; the staff of the Student Exchange Program, Western Interstate Commission for Higher Education; and the professional school(s) to which the student makes application and is admitted. The WICHE Commissioners of the sponsoring state may also review applications to consider eligibility of student(s).

Periodic accounting for the Student Exchange Program in the state and in the region may result in publication of reports which may contain the student's name, home address, year of enrollment, enrolling institution, and money spent by the state to support the student's effort to reach an educational objective.

*NOTIFICATION CONCERNING STUDENT ACCESS TO PERSONAL RECORDS:* Any student participant or applicant for participation in the Student Exchange Program has access to his/her personal records maintained as a part of the exchange activity. He/she may inspect and/or receive copies at a cost not to exceed the actual cost of reproduction.

## CONSENT AND WAIVER

- I understand that it is necessary to process student records in order to carry out the purpose of the Student Exchange Program, providing access to educational opportunities for residents of the western states.
- I understand that the record-keeping process requires preparation, transmission, receipt, filing, and reporting of information appropriate to the effectiveness and continuity of the program.
- I hereby consent to the transfer of personally identifiable educational records between and among the participants in the Student Exchange Program of the Western Interstate Commission for Higher Education to include the following:
  - Information concerning student eligibility, acceptance, and educational attainment
  - Information concerning fees paid by the sending state through WICHE to the receiving school
  - Lists of applicants certified as eligible for support
  - Admissions reports, withdrawal reports, and annual reports for WICHE Exchange Students
  - Support Agreement forms and invoices
  - Special letters of inquiry and response as required to address questions and concerns identified by program participants
- I understand that the information referred to herein will be available only to Student Exchange Program staff members, designated institutional officials, and sending state officials as required to carry out their official duties.
- I further consent to the transfer of all or a portion of the above educational records to admissions officers and certifying officers as required to accommodate the needs of the Student Exchange Program provided that the officers receiving the information will not permit any other party to have access to such information without the express written consent of the undersigned.

- I hereby waive my right to receive specific notification of the transfer of such records. I understand that personally identifiable educational records will be used only to the extent necessary to carry out the purposes of the Student Exchange Program including reasonable research studies necessary to evaluate and improve the program. Any general research report of information that might prove harmful or embarrassing will be included only when anonymity is preserved. Use of the information will be permitted only when, in the judgment of the Student Exchange Program director or other designated staff member, the request for information is wholly consistent with my best interests and the purposes of the Student Exchange Program.
- I understand that a log will be maintained to identify access to my records which is permitted pursuant to law, and this information will be available to me upon appropriate request. A locked file will be maintained for the regular storage and protection of personal educational records.

Name \_\_\_\_\_  
(Please print)

Signature \_\_\_\_\_

Permanent Address \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

Date \_\_\_\_\_

# CONSENT

## 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 for participation in the program.

*DESCRIPTION OF USE OF PERSONAL RECORDS:* The program collects and uses information concerning student eligibility for the program; admission; enrollment; academic progress; graduation and/or termination from the professional program; and payment of fees by the state through WICHE to the receiving school.

This information is exchanged between and among the certifying office of the student's home state; the staff of the Student Exchange Program, Western Interstate Commission for Higher Education; and the professional school(s) to which the student makes application and is admitted. The WICHE Commissioners of the sponsoring state may also review applications to consider eligibility of student(s).

Periodic accounting for the Student Exchange Program in the state and in the region may result in publication of reports which may contain the student's name, home address, year of enrollment, enrolling institution, and money spent by the state to support the student's effort to reach an educational objective.

*NOTIFICATION CONCERNING STUDENT ACCESS TO PERSONAL RECORDS:* Any student participant or applicant for participation in the Student Exchange Program has access to his/her personal records maintained as a part of the exchange activity. He/she may inspect and/or receive copies at a cost not to exceed the actual cost of reproduction.

### CONSENT AND WAIVER

- I understand that it is necessary to process student records in order to carry out the purpose of the Student Exchange Program, providing access to educational opportunities for residents of the western states.
- I understand that the record-keeping process requires preparation, transmission, receipt, filing, and reporting of information appropriate to the effectiveness and continuity of the program.
- I hereby consent to the transfer of personally identifiable educational records between and among the participants in the Student Exchange Program of the Western Interstate Commission for Higher Education to include the following:
  - Information concerning student eligibility, acceptance, and educational attainment
  - Information concerning fees paid by the sending state through WICHE to the receiving school
  - Lists of applicants certified as eligible for support
  - Admissions reports, withdrawal reports, and annual reports for WICHE Exchange Students
  - Support Agreement forms and invoices
  - Special letters of inquiry and response as required to address questions and concerns identified by program participants
- I understand that the information referred to herein will be available only to Student Exchange Program staff members, designated institutional officials, and sending state officials as required to carry out their official duties.
- I further consent to the transfer of all or a portion of the above educational records to admissions officers and certifying officers as required to accommodate the needs of the Student Exchange Program provided that the officers receiving the information will not permit any other party to have access to such information without the express written consent of the undersigned.

- I hereby wave my right to receive specific notification of the transfer of such records. I understand that personally identifiable educational records will be used only to the extent necessary to carry out the purposes of the Student Exchange Program including reasonable research studies necessary to evaluate and improve the program. Any general research report of information that might prove harmful or embarrassing will be included only when anonymity is preserved. Use of the information will be permitted only when, in the judgment of the Student Exchange Program director or other designated staff member, the request for information is wholly consistent with my best interests and the purposes of the Student Exchange Program.
- I understand that a log will be maintained to identify access to my records which is permitted pursuant to law, and this information will be available to me upon appropriate request. A locked file will be maintained for the regular storage and protection of personal educational records.

Name \_\_\_\_\_  
(Please print)

Signature \_\_\_\_\_

Permanent Address \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

Date \_\_\_\_\_

## **WICHE VETERINARY MEDICINE APPLICANTS STATEMENT OF UNDERSTANDING**

I, \_\_\_\_\_, understand that offers for support will be made to certified WICHE applicants based on the availability of funding from each state. Offers will be made according to a collective ranking of students by the veterinary medicine schools participating in WICHE. Applicants are strongly encouraged to apply to all cooperating institutions to be considered for admission to any of them. If I choose to apply to fewer than all programs, I risk receiving less than full consideration for available funding.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(permanent address)

\_\_\_\_\_  
(city, state, zip)

\_\_\_\_\_  
(date)

Note: You are encouraged to keep a copy of this statement for your records.

## **WICHE VETERINARY MEDICINE APPLICANTS STATEMENT OF UNDERSTANDING**

I, \_\_\_\_\_, understand that offers for support will be made to certified WICHE applicants based on the availability of funding from each state. Offers will be made according to a collective ranking of students by the veterinary medicine schools participating in WICHE. Applicants are strongly encouraged to apply to all cooperating institutions to be considered for admission to any of them. If I choose to apply to fewer than all programs, I risk receiving less than full consideration for available funding.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(permanent address)

\_\_\_\_\_  
(city, state, zip)

\_\_\_\_\_  
(date)

Note: You are encouraged to keep a copy of this statement for your records.

**WICHE VETERINARY MEDICINE APPLICANTS  
STATEMENT OF INTENT**

TO: Applicants – WICHE Support in Veterinary Medicine  
FROM: State Certifying Officer  
RE: Statement of Intent

Certification for eligibility of WICHE support at all cooperating veterinary medical programs is based on the understanding that you are committed to remain in the degree program from the time of your first enrollment until completion of the course of study. Therefore, we have been requested to secure the following signed statement from each certified veterinary medicine applicant:

As a certified WICHE applicant, I am aware that if the State of \_\_\_\_\_ undertakes payment of support fees to defray the cost of my veterinary medical education, I am, if admitted under the WICHE program, committed to pursue my studies in veterinary medicine as a supported WICHE exchange student without voluntary interruption until I have qualified for my degree.

**Name** (Please Print)

\_\_\_\_\_  
**Permanent Address**

\_\_\_\_\_  
**City, State, Zip**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**WICHE VETERINARY MEDICINE APPLICANTS  
STATEMENT OF INTENT**

TO: Applicants – WICHE Support in Veterinary Medicine  
FROM: State Certifying Officer  
RE: Statement of Intent

Certification for eligibility of WICHE support at all cooperating veterinary medical programs is based on the understanding that you are committed to remain in the degree program from the time of your first enrollment until completion of the course of study. Therefore, we have been requested to secure the following signed statement from each certified veterinary medicine applicant:

As a certified WICHE applicant, I am aware that if the State of \_\_\_\_\_ undertakes payment of support fees to defray the cost of my veterinary medical education, I am, if admitted under the WICHE program, committed to pursue my studies in veterinary medicine as a supported WICHE exchange student without voluntary interruption until I have qualified for my degree.

**Name** (Please Print)

\_\_\_\_\_  
**Permanent Address**

\_\_\_\_\_  
**City, State, Zip**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**