



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

Graduate Division / 200 West Kawili St. Hilo, HI 96720-4091 / COBE Building, Room 201 / Phone: (808) 932-7927 / E-mail: hilograd@hawaii.edu

- WRGP tuition is offered to ADMITTED Graduate Students who meet the criteria for both program admission and are residents of an approved state.
Any omission of required information will result in denial of your WRGP application.
Students who are residents of Alaska, California, Colorado, Commonwealth of the Northern Mariana Islands, Guam, Idaho, Montana, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Utah, Washington, or Wyoming are eligible to apply for WRGP tuition.
Please submit this completed form with a scanned copy of your drivers license/state ID via email to hilograd@hawaii.edu
Form Deadline: June 1 for the following academic year

SECTION I: Student Information

Full Name: _____ Student ID: _____
Phone: _____ Email: _____@hawaii.edu
Graduate Program: _____ Admission Term: _____

SECTION II: Residency Information

In which state are you a resident? _____
Date your present stay in your resident state began (mm/dd/yyyy): _____

Please attach a scanned copy of your driver's license or state ID to this form.

SECTION III: Student Certification

- I understand that if my residency is in question, I may be required to provide tax documents providing proof of state of residency
I understand that if I change my degree program to a program not approved for WRGP that I will no longer receive the WRGP tuition rate.

I certify that the information on this application is complete and correct. I understand that any misrepresentation or falsification is sufficient cause for denial or cancellation of any benefits derived from this application and could result in other disciplinary action. I further understand that all documents submitted as part of the application become property of the University of Hawaii'i at Hilo and will not be returned to me or duplicated for any reason. Bu submitting this application I am agreeing to the terms of this affidavit.

Student Signature: _____ Date: _____

Submit this form to the Graduate Division at hilograd@hawaii.edu

FOR GRAD DIVISION OFFICE USE ONLY: ID Copy Verified SPACMNT SGASTDN Date: _____ Initials: _____