

Please answer all questions below and complete each section of the form. Any omission of required information will result in a denial of your application to the ASU WICHE WRGP program. Only students who have been admitted to ASU in an eligible program and are residents of **AK, CA, CO, HI, ID, MT, NV, NM, ND, OR, SD, UT, WA and WY** may apply for the WRGP. **Eligible Programs:** in M.S. and PhD Materials Science and Engineering; PhD in Public Administration; M.A. and PhD in Public History; PSM in Nanoscience; PSM in Science and Technology Policy; M.S.W. and PhD in Social Work.

Part I: Student Information

NAME (LAST, FIRST, MIDDLE)	10 DIGIT ASU AFFILIATE ID#
DEGREE AND PROGRAM ADMITTED TO	

Part II: Resident Information

WHAT STATE DO YOU CLAIM TO BE A RESIDENT OF?	HOW LONG HAVE YOU LIVED IN THIS STATE CONTINUOUSLY AS OF TODAY? Years Months
ARE YOU REGISTERED TO VOTE? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, attach a copy of your Voter Registration ID card)	
DO YOU HAVE A DRIVER'S LICENSE? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, attach a copy of your current driver's license)	
DO YOU OWN OR OPERATE A VEHICLE? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, attach a copy of your current car registration)	
HAVE YOU BEEN CLAIMED ON ANYONE ELSE'S TAX RETURN WITHIN THE LAST TWO YEARS? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, attach a copy of each year's Federal 1040 Form and State Income tax form)	
DID YOU FILE STATE OR FEDERAL INCOME TAXES IN THE LAST TWO YEARS? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, attach a copy of each year's Federal 1040 Form and State Income tax form and if your adjusted gross income on last year's tax return is less than \$10,000 please include information concerning all other sources of support)	

Part III: Employment History

List all employment beginning with the present for the last three years (mm/dd/yyyy)

Employer	City	State	Started	Ended

Part IV: Certification

I certify that the information on this application is complete and correct and 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 this application become the property of Arizona State University and will not be returned to me, nor duplicated for any reason. **By submitting this application I am agreeing to the terms of this affidavit.**

SIGNATURE	DATE
-----------	------

Part V: Submit Application and Supporting Materials to Graduate Admissions by the Deadlines

<p>Mail or deliver in person: Graduate College: Arizona State University Interdisciplinary B, Room 170 PO Box 871003 Tempe, AZ 85287-1003</p> <p>or Fax: 480.965.5158</p>	<p>Deadlines: This form with all supporting documentation must be submitted to Graduate Enrollment Services by the following deadlines. WRGP applications received after these deadlines will be considered for the next term.</p> <ul style="list-style-type: none"> • Fall Semester – June 1 • Spring Semester – November 1 • Summer Term – April 1
--	--