Graduate College
Arizona State University

WRGP/WICHE Application

To Apply

Students who are **admitted** to a WRGP/WICHE approved program and are residents of an approved state are eligible to apply. Any omission of required information will result in denial of your WRGP/WICHE application.

Part I: Student Information

Name (Last, First, Middle)			Date of Birth (mm/dd/yyyy)
Address	City	State	Zip
ASU Email Address	10 Digit ASU ID#		Phone
Degree and Program Admitted To			Effective Term

Part II: Application Deadlines, State Resident Information, and Required Documents

WRGP/WICHE application deadlines

- Fall - June 1
- Spring - November 1
- Summer - April 1

Please answer the below questions.

1. In what state are you a resident?
2. How long have you continuously been a resident of this state as of today? Years Months

Submit Required Documents

- Front and back copy of state issued driver's license or a state issued ID.

Part IV: Certification

Please check the boxes below indicating that you understand and agree to the requirements.

- ☐ I understand that if pursuing concurrent programs, both programs must be approved WRGP/WICHE programs.
- ☐ I understand that Online degree programs are not eligible for WRGP/WICHE.
- ☐ I understand that if I become a resident of Arizona, I will no longer receive a WRGP/WICHE discount.
- ☐ 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/WICHE that I will no longer receive the in-state graduate 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 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 _____

To Submit

Email applications and supporting documents to grad-gps@asu.edu.

For application questions contact 480-965-3521.

GPS use only Received

By_____	**Processed By**_____
Date_____	**Date**_____