



Thank you for your interest in the Western Interstate Commission for Higher Education (WICHE) Professional Student Exchange Program. Utah participates in the Optometry and Podiatry programs. Formerly, Utah participated in the Veterinary Medicine program; however, there is now a joint program established with Utah State University and Washington State University.

Please refer to the WICHE website (<http://www.wiche.edu/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 must be completed and returned to me no later than **October 15th**

- Application (1 copy)
- Consent Form (2 copies)

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.

If you have any questions, contact your pre-professional advisor or contact me at (801) 321-7173 or jwhitworth@ushe.edu.

Sincerely,

Justin Whitworth

Justin Whitworth
Utah WICHE Certifying Officer

**WESTERN INTERSTATE COMMISSION FOR HIGHER EDUCATION (WICHE)
OPTOMETRY AND PODIATRY**

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). **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 Optometry and Podiatry. Please contact the Utah Certifying Officer via telephone (801) 321-7173 or email jwhitworth@ushe.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 two copies of the enclosed Consent Form.
4. List schools to which you are applying:

a. _____	d. _____
b. _____	e. _____
c. _____	f. _____

APPLICATION DEADLINE: **OCTOBER 15th**

Full Name: _____ Current Telephone: _____

Last 4 Digits of Social Security #: _____ Message Telephone: _____

Email Address: _____ Date of Birth: _____

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	
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College or University:

Name	State	Dates	Residency Status	Degree(s)
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Name	State	Dates	Residency Status	Degree(s)
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Name	State	Dates	Residency Status	Degree(s)
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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: _____

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

Return completed application to: Justin Whitworth, 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

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 _____

