

Graduate College

Western Regional Graduate Program (WRGP) Application

The [WRGP](#) tuition is offered to admitted graduate students who meet the criteria for both program and resident state. Any omission of required information will result in denial of the WRGP application. Please submit this application to GradWRGP@nau.edu once completed.

Current Date: _____

STUDENT INFORMATION

First Name: _____ Last Name _____

NAU ID (if applicable): _____ Email: _____ Phone: _____

Program: _____ Admission term: _____

RESIDENCY INFORMATION

In which state are you a resident? _____

Date your present stay in your resident state began (mm/dd/yyyy): _____

Driver's License/State ID Information:

Please scan a copy of your driver's license/state ID and email to GradWRGP@nau.edu.

EMPLOYMENT HISTORY

List employment, beginning with the most recent, for the past two years:

| Employer | City | State | Start Date (mm/dd/yyyy) | End Date (mm/dd/yyyy) |
|----------|------|-------|----------------------------|--------------------------|
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CERTIFICATION

Check the boxes below to indicate that you understand and agree to the WRGP requirements.

- I understand that if pursuing concurrent programs, both programs must be WRGP approved to receive this benefit
- I understand that degree programs completed online are not eligible for WRGP.
- I understand that if my residency is in question, I may be required to provide additional documents to support proof of residency.
- I understand that if I change my degree program to a program that is not approved for WRGP, I will no longer be eligible for the WRGP tuition rate.

By initialing below, 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 the application become the property of Northern Arizona 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.

INITIALS _____