



## Western Undergraduate Exchange (WUE) Tuition Program Application Form

Select Semester:    FALL 20 \_\_\_\_                      SPRING 20 \_\_\_\_

Name: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please declare your state of legal residency below: (select one)

Alaska	Colorado	Guam	Nevada	Oregon	South Dakota
Arizona	CNMI*	Idaho	New Mexico	RMI***	Utah
California	FSM**	Montana	North Dakota	RP****	Washington
					Wyoming

\*Commonwealth of the Northern Marianas Islands  
\*\*Federated States of Micronesia

\*\*\* Republic of the Marshall Islands  
\*\*\*\* Republic of Palau

### Restrictions

- The following programs are not included in the WUE program:
  - **Bachelor programs:** Computer Electronics & Networking Technology, Culinary Management, Early Childhood Education, Information Technology, & Respiratory Care
  - **All Certificate programs**
  - **Distance Learning programs**
- Only undergraduate students, and those who have not already earned a baccalaureate degree, qualify.
- WUE is awarded only once at the time of admission and will remain in effect for the duration of the student's academic career at UH West O'ahu.
- Non-WUE students who enroll as non-residents will not qualify for WUE status in later terms. Hawai'i residency cannot be established under the WUE program.
- Students changing their residency will be reclassified to non-resident. Students are only able to apply for Hawai'i residency 12 months after cessation of WUE.

### Applicant's Certification

I agree to submit certified documents to support my claim of state of legal residency, if required. Additionally, I understand that I cannot begin the process of attempting to establish Hawai'i residency for tuition purposes while I am participating in and receiving the benefits of the WUE tuition program. I may petition for change of residency and begin the process of establishing Hawai'i residency only after consulting with the residency specialist regarding requirements and terminating my participation in the WUE tuition program for a period of one year.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Please keep a copy for your records and submit the original to the Office of Admission. Currently, UH West O'ahu does not offer housing.

OFFICE USE ONLY			
UH ID: _____	SAAADMS: _____	STAR Notes: _____	SGASTDN: _____