Admissions Report - WICHE PSEP Applicants

NOTE: This form should be completed as soon as your program begins accepting students from WICHE supporting states, and as often as necessary to keep the WICHE main office updated. Upon completion, please return to:

Student Exchange Programs
Western Interstate Commission for Higher Education
3035 Center Green Drive
Boulder, CO 80301
Lewing@wiche.edu
TEL: 303.541.0270 / FAX: 303.541.0291

DATE: _______________________
INSTITUTION: ______________________________________________________________ DEGREE PROGRAM: _________________________________________________________________

As applicable, please list below the following individuals:

1. WICHE certified or alternate applicants who have been offered admission to your program. If at a later date the applicant declines your offer, please let us know that too.
2. Certified applicants not currently being supported but who are currently enrolled in your institution's professional program and who are requesting WICHE support.
3. Applicants from supporting state who do not appear on the current lists of certifications sent to you.

<table>
<thead>
<tr>
<th>NAME</th>
<th>PERMANENT ADDRESS</th>
<th>CERTIFIED (if known)</th>
<th>DATE STUDENT OFFERED ADMISSION</th>
<th>ANTICIPATED DEGREE</th>
<th>EXPECTED DATE OF GRADUATION</th>
<th>STARTING DATE</th>
</tr>
</thead>
</table>

PLEASE NOTIFY OUR OFFICE IF THE OFFER OF ADMISSION IS DECLINED.

PLEASE KEEP A COPY OF THIS REPORT FOR YOUR RECORDS.

NAME ________________________________
TITLE ________________________________
PHONE NUMBER _________________________
EMAIL ________________________________