WICHE Professional Student Exchange Program
Application for Optometry Programs
2021-2022

Student Information:

First Name	
Middle Name	
Last Name	
Telephone Number	
Permanent Address (must be CO address)	
City, State, Zip Code	
Mailing Address	
City, State, Zip Code	
Telephone Number (permanent)	
Email Address	
Gender	
Date of Birth	
Birthplace	
Marital Status	

Where did you hear about WICHE PSEP? _____

Ethnicity question is **optional**. Please circle one.

American Indian/Alaskan Native Asian/Pacific Islander Black Hispanic White

Colorado Residency Information:

Dates of continuous physical presence in Colorado	
Dates of absences (+1 months) from Colorado	
Date Colorado driver's license issued	
Held a previous Colorado driver's license? Yes / No	
Exact years of Colorado motor vehicle registration	
Dates of employment in Colorado	
Exact years Colorado income tax filed	
Date of Colorado voter registration	
Purchase date of Colorado residential property	
Does one or both of your natural parents reside in Colorado?	

Other circumstances which establish your Colorado residency for tuition purposes:

_____

_____

_____

_____

Name and location of your high school:_____Graduation date: _____

*******DEADLINE FOR SUBMISSION IS OCTOBER 15*******

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List all higher education institutions you have attended:

Name	Location (City and State)	Dates Attended	Tuition Status (In-state, out-of-state or private)	Date Degree Obtained

You are applying for:

_____ Certification (first year applying, not yet enrolled)

_____ Alternate Certification (currently enrolled in an optometry program)

_____ Recertification (certified in year_____ but did not participate)

I have applied or plan to apply to the following schools:

_____ _____

_____ _____

_____ _____

When do you expect to graduate from optometry school? _____

I understand that intentional omission or inaccuracy will result in immediate disqualification of financial support from the Colorado WICHE Professional Student Exchange Program and that I will be held liable for repayment of any financial support obtained through incomplete and/or false information. I also understand that Colorado residents are only eligible to participate in Optometry programs.

_____

Signature **Date**

Lawful Presence Verification Requirement

Under Colorado Revised Statutes §24-76.5-103(4), it is necessary that you (1) provide proof of your lawful presence in the United States and (2) execute an affidavit affirming your lawful presence, under penalty of law for any false statement, before your application will be considered.

With this affidavit, to *be signed by you in the presence of a notary public*, you must also produce for verification of your identity and lawful presence *one* of the following:

a) **A valid Colorado driver's license or Colorado state ID Card;**
b) **U.S. Military card or Military Dependent's ID card;**
c) **U.S. Coast Guard Merchant Mariner card;**
d) **Native Tribal document; or**
e) **A tuition classification certification form signed by an authorized United States military education services official as evidence of an applicant's lawful presence in the United States.**

Special Instruction to Notary Public: Please make a copy of the identification/document being produced by the affiant as an offer of proof of lawful presence, and attach the copy to this affidavit statement, if a copy has not already been provided by the affiant and attached.

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AFFIDAVIT STATEMENT

I,_____, with my signature below do hereby solemnly swear or truly and sincerely affirm, and declare under penalty of perjury and all other applicable laws of the state of Colorado, that (**check one**):

_____I am a United States citizen;

_____ I am a Permanent Resident of the United States; or

_____I am lawfully present in the United States pursuant to Federal law.

I further solemnly swear or truly and sincerely affirm, and declare under penalty of perjury and all other applicable laws of the state of Colorado, that the identification instrument produced by me as verification of my lawful presence in the United States, a copy of which is attached to this affidavit statement, is a true and complete instrument validly issued to me and to no other.

I understand that this sworn or affirmed statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit.

I further acknowledge that making a false, fictitious or fraudulent statement or representation in this affidavit statement is punishable under the criminal laws of Colorado, including but not necessarily limited to as perjury in the second degree under Colorado Revised Statute §18-8-503, *and that it shall constitute a separate criminal offense each time a public benefit is fraudulently received.*

_____ _____

(*Print* Affiant/Declarant's full name) (Affiant/Declarant's *Signature*)

Subscribed and sworn to or affirmed before me, in my presence this_____day

of_____, 20_____, a Notary Public in and for the

County and State of _____
(County and State)

_____
(Signature of Notary Public)

My commission expires _____
(Enter month, day and year or stamp)

Please send the completed application to the Colorado Department of Higher Education at 1600 Broadway Suite 2200 Denver, CO 80202 Attn: PSEP

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