

<p>FOR OFFICE USE ONLY:</p> <p><input type="checkbox"/> Certified</p> <p><input type="checkbox"/> Alternate Certified</p> <p><input type="checkbox"/> Not Certified</p> <p>Date of Action _____</p> <p>Reviewed By _____</p> <p style="text-align: right;">Application Updated 3.30.2022</p>

**APPLICATION FOR CERTIFICATION
PROFESSIONAL STUDENT EXCHANGE PROGRAM (PSEP)**

DO NOT WAIT TO APPLY!! Completed applications must be received by the ND University System (NDUS) by October 15th of the year preceding enrollment in your professional program for priority consideration (I.E. October 15, 2022 for enrollment in Fall 2023). Applications received after this date, and applicants already enrolled, will be considered as alternate candidates.

Completed applications include:

- ✓ Application for Certification
- ✓ List of eligible colleges that you are applying to (Attachment 1)
- ✓ Application for Resident Student Status - You will be required to provide supporting documentation of your ND residency status.
- ✓ Consent & Waiver Form
- ✓ Veterinary Medicine Applicants: Acknowledgement Form - Statement of Intent and Understanding

1. I have received funding from the Professional Student Exchange Program in the past. YES NO
2. Check the PROFESSIONAL program you are applying to: Dentistry Optometry Veterinary Medicine
3. This application is being filed in anticipation of studies **beginning Fall** _____ (insert year starting professional program).
Check the grade level of the PROFESSIONAL program of study you will be entering at this time:
 Year 1 Year 2* Year 3* Year 4*
*Certified as an alternate candidate.

4. Applicant Information:

Name _____
Last
First
Middle

Email Address _____

Present Address _____

Permanent Address _____

Telephone/Cell Number(s) _____

SEX _____ RACE _____ (For statistical purposes only relating to program evaluation)

I hereby certify that the information contained on this application and in the Application for Resident Status is true and correct. I understand that I have specific responsibilities to the colleges to which I apply and to the NDUS. I understand that application to the Professional Student Exchange Program is not a guarantee of admission or receipt of PSEP funding. I understand that funding is limited for PSEP and therefore, not all eligible applicants may be funded.

Signature of Applicant _____

Date _____

Return completed application to:
Secure Drop Box: <https://tiny.ndus.edu/ndusfadropbox>
 Or Mail To:
 NDUS – Attn: Brenda Zastoupil
 600 E Boulevard Ave, Dept. 21
 Bismarck, ND 58505-0602

<p>If you have questions regarding PSEP please contact the NDUS at ndfinaid@ndus.edu or at 701-328-2906.</p>

Printed Name _____
 Last First Middle

**PROFESSIONAL STUDENT EXCHANGE PROGRAM APPLICATION
 LIST OF ELIGIBLE COLLEGES – ND PSEP PROGRAM**

Check all that you intend to apply to:

WICHE INSTITUTIONS

All WICHE Institution PSEP support fee rates are set by the WICHE Commission.

DENTISTRY

AZ	A.T. Still University, Mesa, AZ
AZ	Midwestern University, Glendale Campus, Glendale, AZ
CA	Loma Linda University, Loma Linda, CA
CA	University of California, Los Angeles, CA
CA	University of California, San Francisco, CA
CA	University of Southern California, Los Angeles, CA
CA	University of the Pacific, San Francisco, CA
CA	Western University of Health Sciences, Pomona, CA
CO	University of Colorado Anschutz Medical Campus, Denver, CO
NV	University of Nevada, Las Vegas, NV
OR	Oregon Health & Science University, Portland, OR
UT	Roseman University of Health Sciences, South Jordan, UT
UT	University of Utah, Salt Lake City, UT
WA	University of Washington, Seattle, WA
NE	[^] Creighton University, Omaha, NE
NE	[^] University of Nebraska Medical Center, Omaha, NE
WI	[^] Marquette University, Milwaukee, WI

[^] These institutions have additional North Dakota contractual arrangements through WICHE at the WICHE support fee rate.

OPTOMETRY

AZ	Midwestern University, Glendale Campus, Glendale, AZ
CA	Marshall B. Ketchum University, Fullerton, CA
CA	Western University of Health Sciences, Pomona, CA
OR	Pacific University, Forest Grove, OR
IL	[^] Illinois College of Optometry, Chicago, IL

[^] These institutions have additional North Dakota contractual arrangements through WICHE at the WICHE support fee rate.

VETERINARY MEDICINE

AZ	Midwestern University, Glendale, AZ
CO	Colorado State University, Fort Collins, CO
OR	Oregon State University, Corvallis, OR
WA	Washington State University, Pullman, WA

- c. I am a dependent child whose parent or guardian has been a legal resident of North Dakota for 12 months immediately prior to the beginning of the academic term or resides in the state with the intent to establish residency in the state for a period of years. **(Attach copy of first page of parent's most recent federal income tax return.)**

Name of parent or guardian _____

Parent's Address _____

If parent has resided in North Dakota for less than 12 months:

Place of Employment _____ Date moved to North Dakota _____

- d. I graduated from a North Dakota high school.

High School Name _____ City _____ State _____ Year: _____

- e. I am a full-time active-duty member of the armed forces, a member of a North Dakota national guard unit, or a member of the armed forces reserve component stationed in North Dakota.

Branch _____ Installation _____

Expected date of termination of that assignment _____

- f. I am a spouse or a dependent of a full-time active-duty member of the armed forces, or a member of a North Dakota national guard unit, or a member of the armed forces reserve component stationed in North Dakota. **(If you are a dependent child, attach the first page of your parent's most recent federal income tax return.)**

Name of spouse or parent _____

Branch _____ Installation _____

Expected date of termination of that assignment _____

- g. I am a veteran as defined in NDCC Section 37-01-40, or the spouse or dependent of a veteran who is eligible to transfer entitlement under the Post 9-11 Veterans Educational Assistance Act of 2008 [38 U.S.C. 3301], or a covered individual as defined by 38 U.S.C. 3679. (Attach a copy of the veteran's DD Form 214).

- h. I am a benefitted employee of the North Dakota University System, or the spouse or dependent thereof. **(If you are a dependent child, attach the first page of your parent's most recent federal income tax return.)**

Name of spouse or parent _____ Institution _____

Address _____

- i. I am married to a person who is a resident for tuition purposes **(complete this section only if you do not qualify under one of the above sections).**

Name of spouse _____

Address _____

- j. I was a legal resident of this state for at least 3 consecutive years within 6 years prior to the beginning of the academic term **(complete this section only if you do not qualify under one of the above sections).**

List all places and dates of residence during the past 6 years:

- k. I am a child, stepchild, widow, or widower of a veteran who was killed in action or died from wounds or other service-connected causes, was totally disabled as a result of service-connected causes, died from service-connected disabilities, was a prisoner of war, or was declared missing in action. **(If you are a dependent child, attach the first page of your parent's most recent federal income tax return.)**

Name of spouse or parent _____

Address _____

I hereby certify that the foregoing answers to the above questions are to the best of my knowledge and belief, true and correct; and that they accurately reflect my status at the present time. I understand that additional documentation may be required to establish my residency.

Signature of Student

Date

PSEP – CONSENT & WAIVER FORM

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 _____

You are encouraged to keep a copy of all PSEP application documents for your records.

VETERINARY MEDICINE APPLICANTS ONLY
Professional Student Exchange Program Policy

ACKNOWLEDGEMENT FORM

I understand that I must inform the NDUS whether I accept, or decline offers of admission to a College of Veterinary Medicine by April 1 of the year of offer. I further understand that my failure to notify the NDUS by April 1 may result in the loss of eligibility for support under PSEP.

Name (Please Print)

Permanent Address

City, State, Zip

Signature

Date

STATEMENT OF INTENT

Certification for eligibility of support at all cooperating veterinary medical programs is based on the understanding that you are committed to remain in the degree program from the time of your first enrollment until completion of the course of study. Therefore, we have been requested to secure the following signed statement from each North Dakota certified veterinary medicine applicant:

As a certified WICHE applicant, I am aware that if the State of North Dakota pays support fees to defray the cost of my veterinary medical education. If admitted under the PSEP program, I am committed to pursue my studies in veterinary medicine as a supported exchange student without voluntary interruption until I have qualified for my degree.

Signature

Date

STATEMENT OF UNDERSTANDING

I, _____, understand that offers for support will be made to certified WICHE applicants based on the availability of funding from each state. Offers will be made according to a collective ranking of students by the participating veterinary medicine schools. It is to my advantage to apply to all cooperating institutions to be considered for admission. If I choose to apply to fewer than all programs, I risk receiving less than full consideration for available funding.

Signature

Date

You are encouraged to keep a copy of all PSEP application documents for your records.