APPLICATION FOR CERTIFICATION
PROFESSIONAL STUDENT EXCHANGE PROGRAM (PSEP)

DO NOT WAIT TO APPLY!!
Completed applications must be received by the ND University System by October 15th of the year preceding enrollment in your professional program for priority consideration (I.E. October 15, 2020 for enrollment in Fall 2021). Applications received after this date and applicants already enrolled will be considered as alternate candidates.

Completed applications include:
1. Application for Certification
2. List of eligible colleges that you are applying to (Attachment 1)
3. Application for Resident Student Status (page 1 and page 2) Note: You may be required to provide additional documentation to support your North Dakota residency status based on residency guidelines for PSEP.
4. Consent & Waiver Form
5. Veterinary Medicine Applicants: Acknowledgement Form - Statements of Intent and Understanding
6. NEW: Acknowledgement of Service Payback requirement (all applicants for programs beginning after 6/30/2020.)

I have received funding from the Professional Student Exchange Program in the past?  ☐YES  ☐NO

Check the professional program you are applying to:  ☐Dentistry  ☐Optometry  ☐Veterinary Medicine

This application for certification is being filed in anticipation of studies beginning Fall __________ Year

Professional program grade level you will be entering:  ☐Year 1  ☐Year 2*  ☐Year 3*  ☐Year 4*
*Certified as an alternate candidate.

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. I understand that should I be selected for funding; I am subject to the requirements of a service payback agreement.

Signature of Applicant ____________________________________________ Date ____________________

Revised March 2020
**PROFESSIONAL STUDENT EXCHANGE PROGRAM APPLICATION**

**LIST OF ELIGIBLE COLLEGES – ND PSEP PROGRAM**

*Check all that you intend to apply to:*

<table>
<thead>
<tr>
<th>DENTISTRY</th>
<th></th>
<th>OPTOMETRY</th>
<th>VETERINARY MEDICINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>AZ</td>
<td>A.T. Still University, Mesa, AZ</td>
<td>AZ</td>
<td>Midwestern University, Glendale Campus, Glendale, AZ</td>
</tr>
<tr>
<td>AZ</td>
<td>Midwestern University, Glendale Campus, Glendale, AZ</td>
<td>CA</td>
<td>Marshall B. Ketchum University, Fullerton, CA</td>
</tr>
<tr>
<td>CA</td>
<td>Loma Linda University, Loma Linda, CA</td>
<td>CA</td>
<td>Western University of Health Sciences, Pomona, CA</td>
</tr>
<tr>
<td>CA</td>
<td>University of California, Los Angeles, CA</td>
<td>IL</td>
<td>^Illinois College of Optometry, Chicago, IL</td>
</tr>
<tr>
<td>CA</td>
<td>University of California, San Francisco, CA</td>
<td>OR</td>
<td>Pacific University, Forest Grove, OR</td>
</tr>
<tr>
<td>CA</td>
<td>University of Southern California, Los Angeles, CA</td>
<td>WA</td>
<td>Washington State University, Pullman, WA</td>
</tr>
<tr>
<td>CA</td>
<td>University of the Pacific, San Francisco, CA</td>
<td>WA</td>
<td>*Iowa State University, Ames, IA</td>
</tr>
<tr>
<td>CA</td>
<td>Western University of Health Sciences, Pomona, CA</td>
<td>*KS</td>
<td>*Kansas State University, Manhattan, KS (Large animal veterinary medicine applicants receive priority consideration.)</td>
</tr>
<tr>
<td>CA</td>
<td>University of Nevada, Las Vegas, NV</td>
<td>*MN</td>
<td>*University of Minnesota, Minneapolis, MN</td>
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<tr>
<td>CA</td>
<td>University of California, Los Angeles, CA</td>
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<td>CA</td>
<td>Western University of Health Sciences, Pomona, CA</td>
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<tr>
<td>CO</td>
<td>University of Colorado Anschutz Medical Campus, Denver, CO</td>
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<tr>
<td>NE</td>
<td>^Creighton University, Omaha, NE</td>
<td>NE</td>
<td>^University of Nebraska Medical Center, Omaha, NE</td>
</tr>
<tr>
<td>NE</td>
<td>*University of Nebraska Medical Center, Omaha, NE</td>
<td>NV</td>
<td>University of Nevada, Las Vegas, NV</td>
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<tr>
<td>NV</td>
<td>University of Nevada, Las Vegas, NV</td>
<td>OR</td>
<td>Oregon Health &amp; Science University, Portland, OR</td>
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<td>OR</td>
<td>Oregon Health &amp; Science University, Portland, OR</td>
<td>UT</td>
<td>Roseman University of Health Sciences, South Jordan, UT</td>
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<td>OR</td>
<td>Oregon State University, Corvallis, OR</td>
<td>UT</td>
<td>University of Utah, Salt Lake City, UT</td>
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<td>WA</td>
<td>University of Washington, Seattle, WA</td>
<td>WA</td>
<td>Washington State University, Pullman, WA</td>
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<td>WI</td>
<td>^Marquette University, Milwaukee, WI</td>
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<tr>
<td>*MN</td>
<td>*University of Minnesota, Minneapolis, MN</td>
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* These institutions are not WICHE participants, but they have established agreements directly with North Dakota for the PSEP program. Non-WICHE participating schools may be funded at a different rate.  

^ These institutions have additional North Dakota contractual arrangements through WICHE.  

All awards are based on contract rates established by the NDUS with the participating schools &/or WICHE.
NORTH DAKOTA UNIVERSITY SYSTEM
Application for Resident Student Status

A. Introduction
(Before filling in blanks, read the following carefully.) The representations made in this application are made for the purpose of determining legal residency for tuition purposes. All statements are subject to investigation and verification. Any false statement or omission made for the purpose of misleading or defrauding an institution constitutes grounds for expulsion and is punishable as a Class A Misdemeanor (for which the maximum penalty is one year's imprisonment or a $1,000 fine or both).

1. Full Name of Student

2. Home Address (No PO Box)
   street
   city          state          zip          telephone #

   Current Mailing Address
   street
   city          state          zip          telephone #

3. List all institutions of higher education that you have attended during the last three years, the dates of attendance at each, and whether you paid a resident or nonresident tuition (indicate N/A on that line if no distinction was made by the institution).

<table>
<thead>
<tr>
<th>Institution</th>
<th>Dates of Attendance</th>
<th>Resident or Nonresident</th>
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<tbody>
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</table>

4. What is your country of citizenship? ____________________________________________________________________________
   If other than U.S., state the type, number, and date of issue of your current visa. ____________________________________________________________________________

5. Name of school attending in next academic year: __________________________________________

B. Resident Student Status

I claim residency for tuition purposes because (check the section (or sections) under which you qualify and supply all information requested for that section):

☐  a. I am a person whose custodial parent, guardian, or parents has been a legal resident of North Dakota for 12 months immediately prior to the beginning of the academic term.

   Name of custodial parent or guardian ____________________________
   Address (last 12 months) ____________________________

☐  b. I am 18 years of age or older, and have been a legal resident of North Dakota for 12 months immediately prior to the beginning of the academic term.

   Address (last 12 months) ____________________________

* Disclosure of your Social Security number is voluntary. Social Security numbers are used as an individual ID number for record keeping and administrative purposes. If you do not disclose your Social Security number, an individual ID number will be assigned.
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, 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).

Name of spouse or parent __________________________________________
Branch ____________________________________ Institution __________________________

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 __________________________________________
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.

Date ___________________________ Signature of Student _________________
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 waive 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 ____________________________
VETERINARY MEDICINE APPLICANTS ONLY
Professional Student Exchange Program Policy
Acknowledgement/Statement of Intent/Statement of Understanding

ACKNOWLEDGEMENT FORM

I understand that I must inform the NDUS of my acceptance or declination of an offer of admission to a College of Veterinary Medicine by April 1 of the year of offer. I further understand that my failure to so 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

Note: You are encouraged to keep a copy of this statement for your records.
Individuals initially entering a professional student exchange program in veterinary medicine, dentistry, or optometry after June 30, 2020 are subject to service payback requirements and will be required to sign an agreement prior to payment being made to an out-of-state institution on their behalf. The agreement will include, at a minimum, the following requirements.

1. Payment may not be made to an out-of-state institution on behalf of an individual participating in a professional student exchange program in veterinary medicine, dentistry, or optometry unless that individual signed a legally binding agreement that identifies the amount of the award under the professional student exchange program.

2. If the individual who signed the agreement is not practicing veterinary medicine, dentistry, or optometry in this state within thirty-six months following graduation or upon leaving the education program, the individual must repay the amount of the agreement in full at that time.

3. If the individual who signed the agreement practices veterinary medicine, dentistry, or optometry in this state within thirty-six months following graduation, the balance of the agreement will be reduced by one-third, for each full year the individual continues practicing in the state. If the individual stops practicing in this state before the amount of the agreement is waived in its entirety, the individual shall repay the remaining portion of the agreement in full, from the date the individual stopped practicing in the state.

4. The repayment terms of the agreement may be deferred for an individual who is pursuing full-time graduate or postdoctoral studies or is called to active duty as a member of the armed forces.

As an applicant to the Professional Student Exchange Program, I understand that if selected for funding, I will be subject to the requirements of the PSEP Service Payback Agreement, which will be a legally binding agreement.

______________________________
Printed Name of Applicant

___________________________
Applicant Signature
 __________________________
Date