

# Western Undergraduate Exchange

Student ID: \_\_\_\_\_ Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Local Utah address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Semester and Academic Year: \_\_\_\_\_ Major and Degree: \_\_\_\_\_

If admitted as a WUE student, I will receive the tuition reduction benefit during the time that I am enrolled at Salt Lake Community College in a non-restricted major.

I further acknowledge the period of time during which I am enrolled, as a WUE student, **will not** count toward the continuous 12- month requirement for residency for tuition purposes.

**Applicant initials:** \_\_\_\_\_

I will abide by the following conditions or I will become ineligible to participate in WUE and will be dropped from the WUE program. I agree to:

- Pay tuition in full (or through cashier payment plan) by tuition payment date
- Keep a current phone number and address with the college (if the college is not able to contact me, I will forfeit my place on the program)

**Applicant initials:** \_\_\_\_\_

If I change my major to one of the restricted majors (Health Science Programs) or if I enroll in courses within a restricted major, I will immediately become ineligible to participate in the WUE tuition reduction.

**Applicant initials:** \_\_\_\_\_

I agree to the conditions listed above and will notify the Admissions Office of any changes in my major or contact information. I will be registered for classes within the first two weeks of my registration period. I further certify that at the time of application I am a resident of \_\_\_\_\_.

State

**By signing below, I certify that I have read these terms carefully and understand them fully. I understand the condition of the Western Undergraduate Exchange application and agree to abide by the terms as stated on this form.**

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

Return form to: **Admissions Hub**  
**Salt Lake Community College, WUE**  
**PO BOX 30808**  
**Salt Lake City, UT 84130**

Email: [residency@slcc.edu](mailto:residency@slcc.edu)

FOR OFFICE USE ONLY    Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Notes: \_\_\_\_\_  
 Processed by: \_\_\_\_\_ Date: \_\_\_\_\_ Semester: \_\_\_\_\_