



# Admissions Report - WICHE PSEP Students

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  
P.O. Box 9752  
Boulder, CO 80301-9752  
*mschultz@wiche.edu*  
TEL: 303.541.0214 / 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.
2. Certified applicants not currently being supported who are currently enrolled in the professional program.
3. Applicants from supporting state who do not appear on the current lists of certifications sent to you.

NAME	PERMANENT ADDRESS/STATE	CERTIFIED (if known)	DATE STUDENT OFFERED ADMISSION	ANTICIPATED DEGREE	EXPECTED DATE OF GRADUATION	STARTING DATE
------	-------------------------	----------------------	--------------------------------	--------------------	-----------------------------	---------------

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

PLEASE KEEP A COPY OF THIS REPORT FOR YOU RECORDS.

SIGNED \_\_\_\_\_

TITLE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_