



Nevada Governor's Office of the  
Western Regional Education Compact  
Western Interstate Commission for Higher Education (WICHE)

Commissioners  
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Lena Frias  
Director/Certifying Officer

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Field of Study: \_\_\_\_\_

<p>Mailing address change?  <input type="checkbox"/> YES <input type="checkbox"/> NO          If yes, please provide updated information in the space to the right of address listed</p>
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In the continuing administration of the WICHE Program, we ask that you complete the following information. If you have any questions, please contact our office. **Please return this form as soon as possible.** Next year's contracts will not be released until this form has been received by the WICHE office.

**GRADUATES**

- Graduating and *will* practice in Nevada
- Graduating but *will not* practice in Nevada (**contact WICHE**)
- Returned to/continuing school (**provide written verification**)
- Entering Residency/Internship (**provide written verification**)
- Other (**explain**):

**CONTINUING STUDENTS**

1. I plan to continue as a WICHE student in the field named above:  YES  NO
  - a. I will be entering my  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup> year for: \_\_\_\_\_ (Fall/Spring 20XX)
  - b. School: \_\_\_\_\_ Program:  DAY  EVENING
2. If you answered **NO** to question #1, please provide the reason for not continuing as a WICHE student.
 

a. <input type="checkbox"/> Transferred to a non-WICHE school	d. <input type="checkbox"/> Withdrew from school ( <b>state reason below</b> )
b. <input type="checkbox"/> Attending as an in-state resident	e. <input type="checkbox"/> Dropped out of school for academic reasons
c. <input type="checkbox"/> Leave of absence ( <b>state reason below</b> )	f. <input type="checkbox"/> Other ( <b>explain</b> )

List explanation for answer **c, d or f** above: \_\_\_\_\_

3. At the present time, I am a **LEGAL** resident of: \_\_\_\_\_
4. My (anticipated) graduation date is: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Day Year

I understand my responsibility to let the WICHE office know **IMMEDIATELY** if any of this information changes.

SIGNATURE: \_\_\_\_\_ Email Address: \_\_\_\_\_ DATE: \_\_\_\_\_