

**California State University, Monterey Bay
Western Regional Graduate Program Contract
For Out-of-State Tuition Reduction**



Submit completed form to: graduateadmissions@csumb.edu

Last Name: _____ First Name: _____ Middle Initial: _____

CSUMB Otter ID: _____ Student ID#: _____ Date of Birth: _____
DD/MM/YYYY

Current Mailing Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Phone Number: () _____ Email: _____

Name of last institution attended : _____

Please indicate the semester and year to which you are applying for admission: Fall _____ Spring _____
Year Year

Please indicate your state of legal residency below:
(check one)

- Arizona Alaska Colorado Hawaii Idaho Montana Nevada
- New Mexico N. Dakota S. Dakota Oregon Utah Washington Wyoming
- Commonwealth of the Northern Mariana Islands Federated States of Micronesia Guam
- Republic of the Marshall Islands Republic of Palau

Indicate the CSUMB program you are applying to: (check one)

- Environmental Science MS
- Marine Science, MS
- Education, MA
- Social Work, MSW
- School Psychology, MS
- Instructional Science & Technology, MS

WRGP Guidelines and Conditions for Enrollment:

- Applicants must meet all the admission requirements and apply within the program’s deadlines
- Identify yourself as a “WICHE WRGP” applicant to be considered for the discounted rate
- You must be a resident in your home state/region for at least one year before applying for admissions as a WRGP student
- Residency is determined by the institution at which you are enrolling for WRGP
- Part-time students are not eligible to participate in WRGP
- WRGP students are not eligible for California resident tuition. Students cannot accrue time toward establishing California residency while participating in the WRGP program.
- Students may receive WRGP tuition for two years or until the completion of their degree, whichever comes first

To maintain WRGP status—Students must remain in good academic standing.

BY SIGNING BELOW I AFFIRM THAT ALL STATEMENTS IN THIS DOCUMENT ARE TRUE AND I AGREE TO ABIDE BY CSU, MONTEREY BAY’s GUIDELINES

Student’s Signature _____ Date _____

For Office Use Only: Received by: _____ Date: _____

- Scanned Checklist Item Added Checklist Item Completed Revised 10/03/2022