



THE COLORADO/NEW MEXICO TUITION RECIPROcity PROGRAM

Student Number _____ Date _____

Last Name _____ First Name _____ M.I. _____

I, the above applicant wish to be considered for the Colorado/New Mexico tuition reciprocity program at TSC.

***A copy of your driver's license, state issued identification, or federal identification (passport) is required to verify residency.**

Student's Signature: _____

Cell Number: _____

Address: _____

For College Use Only:

Application Approved _____ Date _____

Application Denied _____ Date _____

_____, Christy Holden, Registrar

SGASADD _____
Driver's Lic. _____