

# 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 TSJC.

**\*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. \_\_\_\_\_

Copy \_\_\_\_\_