

Arizona WICHE Professional Student Exchange Program

**WICHE DENTAL APPLICANTS
STATEMENT OF UNDERSTANDING**

I, _____, understand that offers for support will be made to certified WICHE applicants based on the availability of funding from the State Legislature. Offers will be made according to a collective ranking of Arizona applicants by the dental schools participating in WICHE.

I understand that it is to my advantage to apply as early as possible to cooperating institutions to be included in the collective ranking. If I choose to apply late, and/or if I neglect to advise the Arizona WICHE Office of my choice of school of attendance, I understand that I cannot be included in the collective ranking, and therefore, cannot be supported.

Also, I understand that in order to be included in the collective ranking I must complete applications at a minimum of two WICHE participating dental schools.

(Print your name)

(Signature)

(Permanent Address)

(City, State, Zip)

(Email Address)

(Date)

Note: You are encouraged to keep a copy of this statement for your records.

Please return one (1) signed copy to the Arizona WICHE Office.