



WESTERN GOVERNORS UNIVERSITY

4001 South 700 East, Suite 700, Salt Lake City, UT 84107
Phone: (866) 225-5948 Fax: (801) 880-5854



HCAP, SEIU Partner Eligibility Letter

Student Information

First Name:	Last Name:	
Mailing Address:		
City:	State:	Zip/Postal Code:
Phone:	Degree program:	
RN License Number, Expiration Date, Issuing State:		

Partner Union or Partner Training Fund Organization

Organization Name:	
Organization Address:	
City:	State:
Authorizing Official:	Contact Phone:
Authorization Signature:	

By signing this form you confirm that all the information you provided is true and that you are in compliance with regulatory requirements of the state where you are licensed. You also confirm you have an active, unencumbered RN license, are currently employed, and are a member in good standing of the organization listed above.

Student Signature:

Date:

*Please fax or scan and email the completed form to your assigned Enrollment Counselor.
Fax (801) 880-5854*