

Application

MINNESOTA-MIDWEST STUDENT EXCHANGE PROGRAM (MSEP)
(For residents of Kansas, Michigan, Missouri, and Nebraska)

All information on this form is private. Except for social security number, which is voluntary, all information requested on this form is required for identification and will be used to determine whether your request for Minnesota-Midwest reciprocity fee status will be granted. Failure to provide your social security number will have no effect on the decision about whether to grant your request for reciprocity. Information may be shared with offices within the University of Minnesota for identification and decision purposes.

Personal Information

Name

last

first

middle

U.S. Social Security Number (optional)

U of M ID#

Date of birth

month

day

year

Phone (day)

Phone (evening)

Permanent Address

Date your residency began

number and street

month

year

city

state

zip

Current Mailing Address

number and street

city

state

zip

Parent or Guardian Information

Parent (or guardian) name

Phone (day)

Phone (evening)

Parent (or guardian) address

Date their residency began

number and street

month

year

city

state

zip



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Residency Information

Have you served in the military?

No Yes (if yes, what was your home of record) _____

Dates of service _____

Did you receive MSEP reciprocity in any previous years?

No Yes (if yes, list the institutions) _____

Enrollment term at the University of Minnesota you wish MSEP reciprocity to begin:

Fall 200____ Spring 200____ Summer 200____

Have you resided in the state where you are claiming residency during the past 12 months?

No Yes

If no, explain on a separate sheet any circumstances that may entitle you to reciprocity benefits. Attach the sheet to this form.

Were you claimed as a tax dependent on a parent or guardian income tax form last year?

No Yes (if yes, what state) _____

Will you be claimed as a tax dependent on a parent or guardian income tax form next year?

No Yes (if yes, what state) _____

Did you claim yourself as a tax dependent on your income tax form last year?

No Yes (if yes, what state) _____

Will you claim yourself as a tax dependent on your income tax form next year?

No Yes (if yes, what state) _____

This application must be completed in full and signed by the applicant. If the application is not complete, it will be returned. The application must be submitted to the University of Minnesota–Twin Cities by the deadline noted below.

Deadline: The application deadline is the last day of classes at the University of Minnesota–Twin Cities for the term benefits are needed. Applications will not be processed retroactively. If you wish to participate in the program for the entire academic year, your application must be correctly completed and postmarked by the last day of scheduled classes in the fall term.

Signature

I certify that the information I have provided on this application form and on all other admission application materials is complete, accurate, and true to the best of my knowledge. I understand that misrepresentation of application information is sufficient ground for canceling admission or registration.

applicant's signature

date

Note: You must sign and date your application.

Submit your application to:

Office of Admissions • University of Minnesota–Twin Cities
240 Williamson Hall • 231 Pillsbury Drive S.E. • Minneapolis, MN 55455-0213