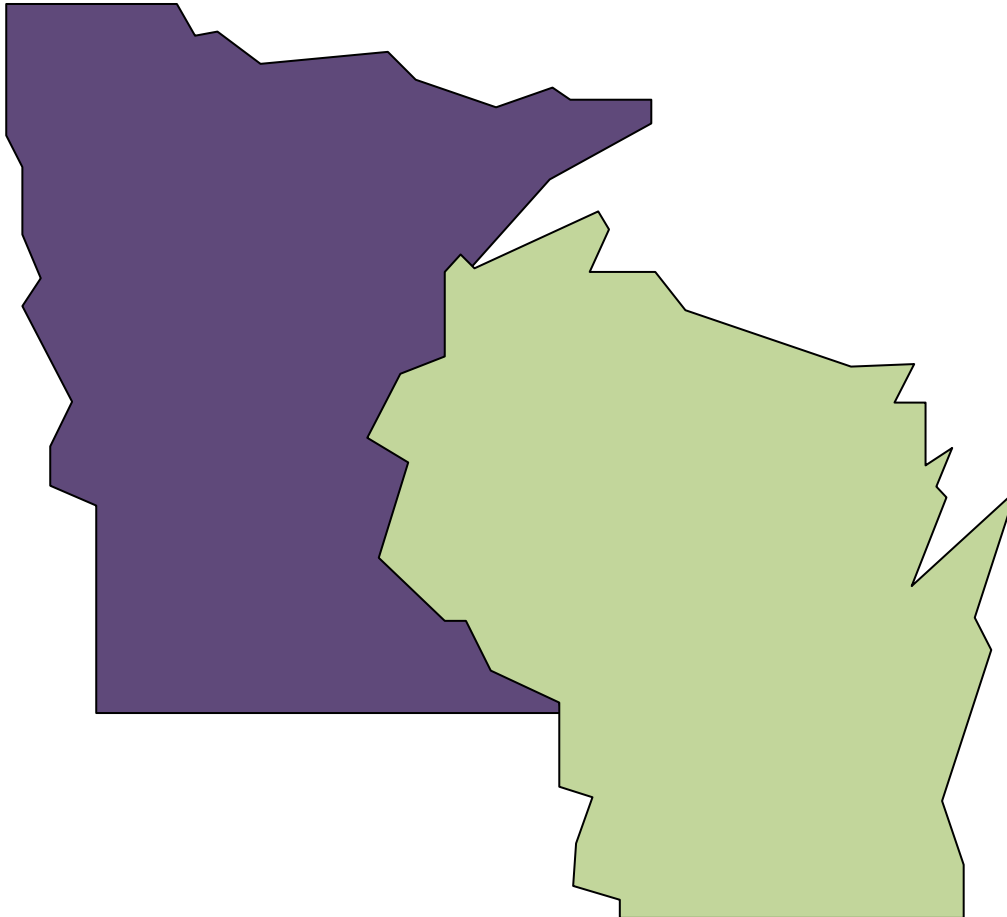


2018-2019

MINNESOTA – WISCONSIN
APPLICATION FOR RECIPROcity BENEFITS



MINNESOTA OFFICE OF HIGHER EDUCATION
WISCONSIN HIGHER EDUCATIONAL AIDS BOARD

GENERAL INFORMATION AND INSTRUCTIONS
Minnesota-Wisconsin Tuition Reciprocity Program
2018-2019 Academic Year (Fall 2018 – Summer 2019)

To avoid delay, applications must be mailed directly to the appropriate state agency BY THE APPLICANT
The applications must be completed in INK or TYPED
APPLICATION TO THE PROGRAM IS THE RESPONSIBILITY OF THE INDIVIDUAL

HOW TO APPLY: Complete this application IN FULL and sign the certification. Mail the completed application DIRECTLY to the higher education agency located in your state of residence. Addresses for these agencies are listed below. (NOTE: Minnesota residents can avoid a paper application and apply for reciprocity benefits on-line at: www.ohe.state.mn.us) (NOTE: Wisconsin residents can avoid a paper application by applying online at: www.heab.wi.gov) Reciprocity recipients who earned credits during the 2017-2018 academic year will automatically have benefits renewed for the 2018-2019 academic year at the institution(s) reporting credits for the student during the 2017-2018 academic year. Therefore, these students do NOT need to complete a reciprocity application for the 2018-2019 academic year. If your current institution has not received notification of your renewal status by November 1, 2018, please contact the administering agency in your state of residence.

DEADLINE: The application deadline is the last day of classes at the institution attended for the term benefits are requested. **Applications will not be processed retroactively.** If you wish to receive reciprocity benefits for the entire academic year, your application must be correctly completed and postmarked by the last day of scheduled classes for fall term at the institution you are attending. If you would like confirmation that your application was mailed by the deadline, it is suggested you mail the application by certified mail with a return receipt requested from the post office.

WHO IS ELIGIBLE: The Minnesota-Wisconsin Tuition Reciprocity Program improves the postsecondary educational advantages for residents of Minnesota and Wisconsin through greater availability and accessibility of postsecondary opportunities. Under the reciprocity program, any student who is enrolled in an eligible program and meets residency requirements at a public university in Wisconsin may attend a Minnesota public institution on a space available basis and pay the established reciprocity tuition charges for course work that is located in Minnesota. Similarly, any student who is enrolled in an eligible program and meets residency requirements in Minnesota may attend a Wisconsin public institution on a space available basis and pay the established reciprocity tuition charges for course work that is located in Wisconsin. **Professional students enrolling in a Doctor of Medicine, Doctor of Dental Sciences, or Doctor of Veterinary Medicine program at a public institution in either state will NOT be eligible for reciprocity benefits, since those programs are not covered by the tuition reciprocity agreement.**

ELIGIBLE INSTITUTIONS:

Wisconsin	UW-River Falls	Fond Du Lac CC	North Hennepin CC	Metropolitan State University
UW-Madison	UW-Stevens Point	Hibbing CC & TC	Northland CC & TC	St. Cloud State University
UW-Milwaukee	UW-Stout	Inver Hills CC	Rainy River CC	Southwest MN State University
UW-Green Bay	UW-Superior	Itasca CC	Ridgewater College	Winona State University
UW-Parkside	UW-Whitewater	Lake Superior College	Riverland CC & TC	University of MN-Twin Cities
UW-Colleges		Mesabi Range CC & TC	Rochester CC & TC	University of MN-Crookston
UW-Eau Claire	Minnesota	Minneapolis CC & TC	Vermilion CC	University of MN-Duluth
UW-La Crosse	Anoka-Ramsey CC	Minnesota State CC & TC	Bemidji State University	University of MN-Morris
UW-Oshkosh	Central Lakes College	Minnesota West CC & TC	MN State University, Mankato	
UW-Platteville	Century College	Normandale CC	MN State University Moorhead	

NOTIFICATION OF ACCEPTANCE: You will receive the results of your application within six weeks after you have applied. If you do not receive results within six weeks, you should assume your application has not been received and apply again.

APPLICATION FOR ADMISSION: Application to the Minnesota-Wisconsin Reciprocity Program does not constitute application for admission to an educational institution. Regardless of your eligibility for tuition reciprocity, you must still apply and qualify for admission to the school of your choice, following the procedures required by that institution.

ADMINISTRATIVE AGENCIES: The Wisconsin Higher Educational Aids Board (WHEAB) will determine the residency and eligibility status of Wisconsin applicants enrolled in Minnesota public institutions and will certify to the Minnesota public institutions that the students are eligible to pay the established reciprocity tuition charges. Similarly, the Minnesota Office of Higher Education (OHE) will determine the residency and eligibility status of Minnesota applicants attending Wisconsin public institutions and will certify to the Wisconsin public institutions that the students are eligible to pay the established reciprocity tuition charges.

MINNESOTA RESIDENTS – Return application to:
Minnesota Office of Higher Education
Reciprocity Program
1450 Energy Park Drive, Suite 350
St. Paul, Minnesota 55108-5227

WISCONSIN RESIDENTS – Return application to:
Wisconsin Higher Educational Aids Board
Reciprocity Program
P.O. Box 7885
Madison, Wisconsin 53707-7885

NOTICE TO APPLICANTS

Notice to Applicants-Section 7(b) of the Federal Privacy Act of 1974 (5U.S.C.552a) requires that when any federal, state, or local government agency asks you to disclose your Social Security Account Number you must be advised whether that disclosure is mandatory or voluntary, by what statutory or other authority the number is solicited, and what uses will be made of it. Accordingly, you are being advised that disclosure of your social security number is voluntary.

The Social Security number will be used to verify your identity, and as an identifier of your file in order to record necessary data accurately. As an identifier, the Social Security number is used in the Tuition Reciprocity Program for such purposes as processing the application form, program evaluation and reporting, and notification of program eligibility to institutions.

Pursuant to Minnesota Statutes, Sec. 13.04, Subd. 2 (2006), you are hereby informed that the information supplied in this application may be used as follows: (1) in the processing and verification of the data supplied to determine your eligibility for this program; (2) for compilation and analysis of summary data relative to this program; and (3) for dissemination of the information to the school. You are not required to provide the information supplied in this application. Failure to submit requested data may prevent further processing of this application. This information supplied in this application may be shared with other public and private individuals and entities in order to use the information for the purposes specified above.

The Minnesota Office of Higher Education does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its programs or activities. This document can be made available in an alternative format to individuals with disabilities by calling (651) 642-0567 or 800-657-3866.

State of Wisconsin
 WI Higher Educational Aids Board
 Reciprocity Program
 PO Box 7885
 Madison, WI 53707-7885
 (608) 267-2209
www.heab.wi.gov
(WI resident apply online)

**Application for Reciprocity Benefits
 Minnesota-Wisconsin Reciprocity Program
 2018-2019 Academic Year
 (Fall Term 2018-Summer Term 2019)**
 MN or WI residents enrolling into colleges are
 no longer required to submit a paper
 application if they apply online

State of Minnesota
 MN Office of Higher Education
 Reciprocity Program
 1450 Energy Park Drive, Suite 350
 St. Paul, MN 55108-5227
 (651) 642-0567 or 1-800-657-3866
www.ohe.state.mn.us
(MN resident apply online)

Send Completed Application to Appropriate Agency

◀ Read instructions before completing application.

1. Name (last, first, middle initial):		2. Social Security Number		FOR OFFICE USE ONLY <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> County Origin Major Class Terms School Received _____																																																																					
2a. Gender () Male () Female	3. Birth date (mm/dd/yy):		4. County of Residence:																																																																						
5. Home Address (street address, city, state, zip code)																																																																									
5a. I (student) have resided at this address since ____/____/____ (month/date/year).																																																																									
5b. If you have lived at this address for less than one year, list addresses and dates of prior places of residence for the previous five years (use the back of this form or a separate piece of paper).																																																																									
5c. If you have not resided in the state where you are claiming residency during the past twelve months, explain any circumstances that may entitle you to reciprocity benefits (use the back of this form or a separate piece of paper).																																																																									
5d. Address while attending school during the 2018-2019 academic year, if known (street, address, city, state & zip code):																																																																									
6. Name of High School Attended: (including home school)		City:		State:		Year Graduated:																																																																			
6a. Year and State in which you earned GED (If applicable)																																																																									
7. Parent's or Legal Guardian's Name:		Telephone No. () _____-_____		Parents Resided Here Since: ____/____/____																																																																					
Street Address:		City, State & Zip code:																																																																							
8. Are you currently in the Military? NO () YES () -- If YES, stationed at (Base, City, State): _____ _____ If yes, attach documentation showing home of record.																																																																									
9. Are you a U.S. Citizen? YES () NO () If NO, enclose a photocopy of your visa/green card or I-94 visa.																																																																									
10. (WI residents only) Have you registered for Selective Service? NO () YES () If yes, please provide "Registration Number" _____ <i>If you are male and 18 years or older, WI State statute 39.28(6) requires you to provide your Selective Service registration number for WI state aid. This requirement does not apply to males born prior to 1960. (Find your individual selective service number at http://www.sss.gov. Click on "Verify a Registration".)</i>																																																																									
11. Name and location of college/university that you plan to attend for the 2018-2019 academic year and for which you are seeking tuition reciprocity benefits:																																																																									
12. Class level – For 2018-2019 Undergraduate: <i>Fresh. () Soph. () Jr. () Sr. () Other ()</i>			Graduate ()		See attachment for who is eligible.																																																																				
13. Terms of Enrollment: Fall 2018 () Winter Interim 2018 () Spring 2019 () Summer 2019 ()				13a. Course of Study/Major:																																																																					
14. List colleges that you <u>previously attended</u> , <u>are currently attending</u> , <u>dates of enrollment</u> (from MM/DD/YY to MM/DD/YY), and enrollment level (less than half-time or half-time or more) at each institution in the space provided on the back of this application form.																																																																									

15. Did you receive reciprocity benefits in any prior years? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES , name of institution _____ from ___/___/___ to ___/___/___	
16. For 2017 Federal/State Income Tax? <input type="checkbox"/> Were you claimed as a dependent by your parent or guardian(s)? What state? _____ <input type="checkbox"/> Did you claim yourself? What state? _____	
17. For 2018 Federal/State Income Tax? <input type="checkbox"/> Will you be claimed as a depended by your parent or guardian(s)? What state? _____ <input type="checkbox"/> Will you claim yourself? What state? _____	
18. What was your status in 2017 ? (please check what applies) <input type="checkbox"/> Employed? <input type="checkbox"/> Full-time Student? <input type="checkbox"/> Part-time Student? <input type="checkbox"/> Graduate Assistant? <input type="checkbox"/> Other?	Dates employed: _____ Institution: _____ Institution: _____ Institution: _____ Please Explain: _____

THIS APPLICATION MUST BE COMPLETED IN FULL AND SIGNED BY THE APPLICANT. IF THE APPLICATION IS NOT COMPLETE, IT WILL BE RETURNED TO THE APPLICANT FOR COMPLETION AND THE PROCEEDS WILL BE DELAYED. THE APPLICATION MUST BE SUBMITTED TO THE APPROPRIATE AGENCY BY THE DEADLINE IN ORDER TO BE CONSIDERED. See instruction sheet for information regarding deadlines.

CERTIFICATION

I HAVE READ THE INSTRUCTIONS ON THE ATTACHMENT TO THIS APPLICATION CONCERNING MY RESPONSIBILITIES. I declare under penalty of criminal laws of the State of Wisconsin/Minnesota that this application has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Applicant's Signature:	Date:
Email Address (optional)	Telephone Number: (include area code) () _____ - _____

Minnesota residents enrolling in Wisconsin institutions return application to:

Minnesota Office of Higher Education
 Reciprocity Program
 1450 Energy Park Drive, Suite 350
 St. Paul, MN 55108-5227

Wisconsin residents enrolling in Minnesota institutions return application to:

Wisconsin Higher Educational Aids Board
 Reciprocity Program
 PO Box 7885
 Madison, WI 53707-7885

Additional comments : (use additional paper if needed)