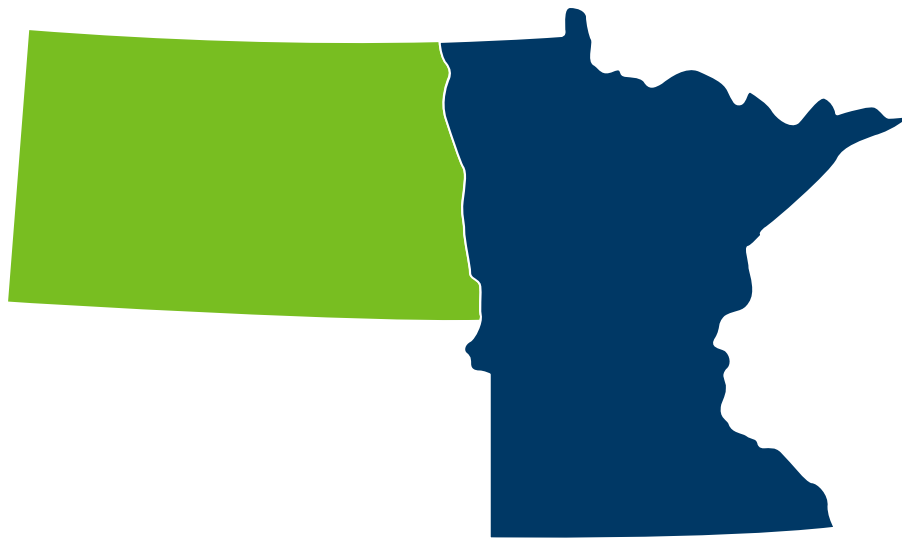


2024-2025

Minnesota | North Dakota
Application for Reciprocity Benefits



Minnesota Office of Higher Education
North Dakota University System

GENERAL INFORMATION AND INSTRUCTIONS
Minnesota-North Dakota Tuition Reciprocity Program
2024-2025 Academic year (Fall 2024-Spring/Summer 2025)

- ✓ **To avoid delay, applications must be mailed directly to the appropriate state agency by the applicant**
- ✓ **The application must be completed in ink or typed**
- ✓ **APPLICATION FOR RECIPROCITY 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 the state of your residence. Reciprocity recipients who earned credits during the 2023-2024 academic year will automatically have benefits renewed for 2024-2025 at the institution reporting credits for the student during the 2023-2024 academic year. Therefore, these students do **NOT** need to complete a reciprocity application for the 2024-2025 academic year. If your current institution has not received notification of your renewal status by November 1, 2024, please contact the administering agency in your state of residence.

APPLICATION DEADLINES

COLLEGES AND UNIVERSITIES: The application for tuition reciprocity must be **correctly completed** and *postmarked* by the last day of classes in the term for which benefits are needed. The application deadline, except those in vocational and technical programs, is the last day of classes at the institution you are or will be attending in the term that benefits are required. **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 at the institution you are or will be attending.

VOCATIONAL AND TECHNICAL PROGRAMS: The application for tuition reciprocity for vocational and technical programs must be **correctly completed** and *postmarked* by the deadline date of the term for which benefits are needed. The term deadlines for the MN-ND Vocational Reciprocity Program are: *Fall-12/15/2024, Spring-5/18/2025, Summer-8/20/2025.* **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 fall term deadline, 12/15/2024.

WHO IS ELIGIBLE: The Minnesota-North Dakota Tuition Reciprocity Program improves the postsecondary educational advantages for residents of Minnesota and North Dakota through greater availability and accessibility of postsecondary educational opportunities. Any student who is enrolled in an eligible program and meets residency requirements at a public institution in North Dakota may attend a Minnesota public institution on a space available basis and pay the established reciprocity fee for course work that is located in Minnesota under this program. Similarly, any student who meets residency requirements in Minnesota may attend a North Dakota public institution on a space available basis and pay the established reciprocity fee for course work that is located in North Dakota. *Students enrolled in programs where special contracts exist between the two states are exempt. Program benefits are subject to any statutory or reciprocity agreement changes.*

All State Colleges and Universities in NORTH DAKOTA

Bismarck State College	Dakota College at Bottineau
Dickinson State University	North Dakota State College of Science
Lake Region State College	North Dakota State University
Mayville State University	University of North Dakota
Minot State University	Valley City State University
	Williston State College

MINNESOTA

All Public Technical Colleges
All Public Community Colleges
All Public State Universities
University of Minnesota and Branch Campuses

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 was not received and apply again.

APPLICATION FOR ADMISSION: Application for Minnesota-North Dakota Reciprocity Program does not constitute application for admission to an educational institution. Regardless of your eligibility for tuition reciprocity, you must still apply and be admitted to the school of your choice.

ADMINISTRATIVE AGENCIES

North Dakota University System (NDUS) will determine the residency and eligibility status of North Dakota applicants enrolled in Minnesota public institutions and will certify to the Minnesota Office of Higher Education (OHE) that the student is eligible to pay the established reciprocity fee. The OHE will notify the Minnesota public institutions.

Minnesota Office of Higher Education (OHE) will determine the residency and eligibility status of Minnesota applicants in North Dakota public institutions and will certify to the NDUS that the student is eligible to pay the established reciprocity fee. The OHE will notify the North Dakota institutions.

NORTH DAKOTA RESIDENTS return application to:

North Dakota University System
Reciprocity Program
600 E Boulevard Ave, Dept 21
Bismarck ND 58505-0602

MINNESOTA RESIDENTS return application to:

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

NOTICE TO APPLICANTS

- Section 7(b) of the Federal Privacy Act of 1974 (5 U.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 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. The 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 and North Dakota University System do 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.

Application for Reciprocity Benefits
Minnesota-North Dakota Reciprocity Program
Academic Year 2024-2025
Fall 2024 – Spring/Summer 2025

MINNESOTA RESIDENT	NORTH DAKOTA RESIDENT
<p>Mail completed application to: MINNESOTA OFFICE of HIGHER EDUCATION (OHE) Reciprocity Program 1450 Energy Park Dr, Suite 350 St Paul MN 55108-5227 (651) 642-0567 or 1-800-657-3866 www.ohe.state.mn.us MN residents are no longer required to submit a paper application if they apply online on the OHE Web site.</p>	<p>ND residents are encouraged to apply online at the NDUS website. www.ndus.edu/educational-costs/student-exchange-or-reciprocity-programs/</p> <p>Mail completed paper application to: NORTH DAKOTA UNIVERSITY SYSTEM Reciprocity Program 600 E Boulevard Ave, Dept 21 Bismarck ND 58505-0602 (701) 328-2964</p> <p>Paper applications can also be submitted through a secure drop box: https://tiny.ndus.edu/ndusfadropbox</p>

Complete application form and mail to appropriate agency as indicated above (if not completed it will not be processed)

1. Name (<i>last, first, middle initial</i>):			<p>FOR OFFICE USE ONLY</p> <table style="margin-left: auto; margin-right: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></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> <p style="margin-left: 200px;">County Origin Major Terms School</p> <p>Received _____</p>																																						
2. Social Security Number:	3. Birthdate (<i>mm/dd/yy</i>):	4. County of Residence:																																							
5. Home Address (<i>street address, city, state, zip code</i>):																																									
Mailing Address (<i>if different from above</i>):																																									
5a. I (student) have resided at this address since (<i>mm/dd/yy</i>):																																									
5b. If you have lived at this address for <u>less than one year</u> , list addresses and dates of prior places of residence for the previous five years (<i>Write the response to this question on the last page of this document</i>).																																									
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 (<i>Write the response to this question on the last page of this document</i>).																																									
5d. Address while attending school during the 2024-2025 academic year, if known (street, address, city, state & zip code):																																									
6. Name of High School Attended: (<i>including home school</i>)		City:	State:	Year Graduated:																																					
Year and State in which you earned GED (<i>If applicable</i>)																																									
7. Parent's or Legal Guardian's Name:		Telephone No. (<i>include area code</i>)		Parents Resided Here Since: (<i>mm/dd/yy</i>)																																					
Street Address:		City, State & Zip code:																																							
8. Are you currently in the Military? NO <input type="checkbox"/> YES <input type="checkbox"/> If YES , stationed at (<i>Base, City, State</i>): If yes , attach documentation showing home of record.																																									
9. Are you a U.S. Citizen? YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, enclose a photocopy of your visa/green card or I-94 visa.																																									
10. Name and location of college/university that you plan to attend for the 2024-2025 academic year and for which you are seeking tuition reciprocity:																																									
11. Terms of Enrollment: FALL 2024 <input type="checkbox"/> SPRING 2025 <input type="checkbox"/> SUMMER 2025 <input type="checkbox"/> (<i>check all that apply</i>)																																									
12. Course of Study/Major:																																									
13. List colleges that you <u>previously attended</u> , or <u>are currently attending</u> , and the <u>dates of enrollment</u> from (<i>mm/dd/yy</i>) to (<i>mm/dd/yy</i>), and enrollment level (<i>less than half-time or half-time or more</i>) at each institution on the last page of this document.																																									

14. Did you receive reciprocity in any prior years? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES , name of institution	from _____ to _____ <i>(mm/dd/yy) (mm/dd/yy)</i>
15. For 2023 Federal/State Income Tax? <input type="checkbox"/> Were you listed as a dependent by your parent or guardian(s)? What state? <input type="checkbox"/> Did you file your own and weren't listed as a dependent? What state?	
16. For 2024 Federal/State Income Tax? <input type="checkbox"/> Will you be listed as a dependent by your parent or guardian(s)? What state? <input type="checkbox"/> Will you file your own and weren't listed as a dependent? What state?	
17. What was your status in 2023 ? (please check what applies) <input type="checkbox"/> Employed Dates employed: <input type="checkbox"/> Full-time Student Institution: <input type="checkbox"/> Part-time Student Institution: <input type="checkbox"/> Graduate Assistant Institution: <input type="checkbox"/> Other Please explain:	

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

CERTIFICATION

I HAVE READ THE INSTRUCTIONS TO THIS APPLICATION CONCERNING MY RESPONSIBILITIES. I declare under penalty of criminal laws of the state of North Dakota/Minnesota that this application has been examined by me and to the best of my knowledge and belief is true, correct and complete. I authorize the North Dakota University System to release my information to Minnesota Office of Higher Education on my behalf.

Applicant's Signature: <i>(print, sign, and send application to the appropriate address)</i>	Date: <i>(mm/dd/yy)</i>
Email Address: <i>(please print)</i>	Telephone No. <i>(include area code)</i>

Fill-in answers to previous questions in the space below:

5b. If you have lived at your home address for less than one year, list addresses and dates of prior places of residence for the previous five years.

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.

13. List colleges that you previously attended, are currently attending, dates of enrollment from *(mm/dd/yy)* to *(mm/dd/yy)*, and enrollment level *(less than half-time or half-time or more)* at each institution.

Colleges	Enrollment Dates from <i>(mm/dd/yy)</i> to <i>(mm/dd/yy)</i>	Enrollment Level <i>(less than half-time or half-time or more)</i>
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Previously attended:

Currently attending:

Additional comments: