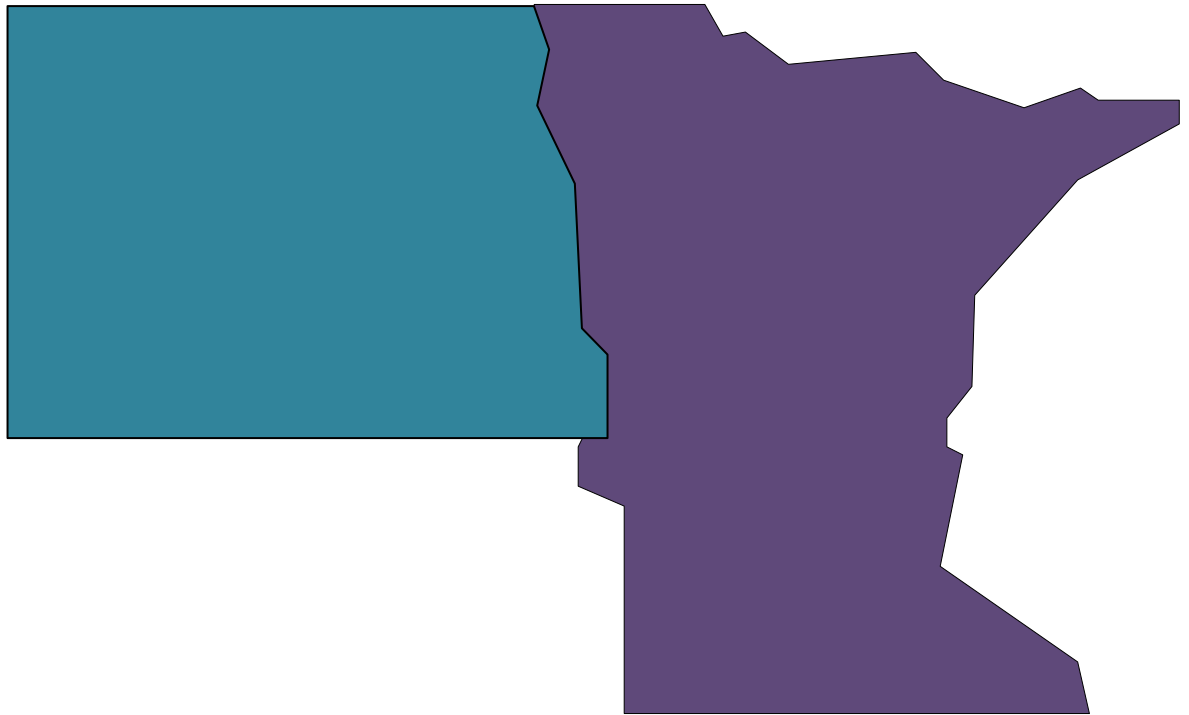


2019-2020

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**  
**2019-2020 Academic year (Fall 2019-Spring/Summer 2020)**

- ✓ **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 2018-2019 academic year will automatically have benefits renewed for 2019-2020 at the institution reporting credits for the student during the 2018-2019 academic year. Therefore, these students do NOT need to complete a reciprocity application for the 2019-2020 academic year. If your current institution has not received notification of your renewal status by November 1, 2019, 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-12/15/19, Spring-5/18/2020, Summer-8/20/2020*. **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, 12/15/2019.

**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:** Applications 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 2019-2020**  
**Fall 2019 – Spring/Summer 2020**

MINNESOTA RESIDENT		NORTH DAKOTA RESIDENT																																																													
<b>Mail completed application to:</b> <b>MINNESOTA OFFICE of HIGHER EDUCATION (OHE)</b> Reciprocity Program 1450 Energy Park Dr, Suite 350 St Paul MN 55108-5227 (651) 642-0567 or 1-800-657-3866 <a href="http://www.ohe.state.mn.us">www.ohe.state.mn.us</a> MN residents are no longer required to submit a paper application if they apply online on the OHE Web site.		<b>Mail completed application to:</b> <b>NORTH DAKOTA UNIVERSITY SYSTEM</b> Reciprocity Program 600 E Boulevard Ave, Dept 21 Bismarck ND 58505-0602 (701) 328-2964 <a href="http://www.ndus.edu/educational-costs/student-exchange-or-reciprocity-programs/">www.ndus.edu/educational-costs/student-exchange-or-reciprocity-programs/</a> ND resident may apply online at the NDUS Web site.																																																													
<b>Complete application form and mail to appropriate agency as indicated above</b>																																																															
1. Name ( <i>last, first, middle initial</i> ):		<b>FOR OFFICE USE ONLY</b>  <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> <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 Terms School  Received _____																																																													
2. Social Security Number:	3. Birthdate ( <i>mm/dd/yy</i> ):	4. County of Residence:																																																													
5. Home Address (street address, city, state, zip code):																																																															
Mailing Address (if different from above):																																																															
5a. I (student) have resided at this address since ____/____/____ ( <i>month/date/year</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 (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 2019-2020 academic year, if known (street, address, city, state & zip code):																																																															
6. Name of High School Attended: (including home school)	City:	State:	Year Graduated:																																																												
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 ( ) <b>If YES</b> , stationed at (Base, City, State): _____ <b>If yes</b> , attach documentation showing home of record.																																																															
9. Are you a U.S. Citizen? YES ( ) NO ( ) <b>If NO</b> , enclose a photocopy of your visa/green card or I-94 visa.																																																															
10. <b>Name and location</b> of college/university that you plan to attend for the 2019-2020 academic year and for which you are seeking tuition reciprocity:																																																															
11. Terms of Enrollment: FALL 2019 ( ) SPRING 2020 ( ) SUMMER 2020 ( ) <span style="float: right;"><i>check all that apply</i></span>																																																															
12. Course of Study/Major:																																																															

13. List colleges that you previously attended, or are currently attending, and the 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 on the back of this application form.

14. Did you receive reciprocity in any prior years?  
( ) NO ( ) YES **If YES**, name of institution \_\_\_\_\_ from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

15. For **2018** Federal/State Income Tax?  
( ) Were you listed as a dependent by your parent or guardian(s)? **What state?** \_\_\_\_\_  
( ) Did you file on your own and weren't listed as a dependent? **What state?** \_\_\_\_\_

16. For **2019** Federal/State Income Tax?  
( ) Will you be listed as a dependent by your parent or guardian(s)? **What state?** \_\_\_\_\_  
( ) Will you file on your own and weren't listed as a dependent? **What state?** \_\_\_\_\_

17. What was your status in **2018**? (please check what applies)  
( ) Employed **Dates employed:** \_\_\_\_\_  
( ) Full-time Student **Institution:** \_\_\_\_\_  
( ) Part-time Student **Institution:** \_\_\_\_\_  
( ) Graduate Assistant **Institution:** \_\_\_\_\_  
( ) 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.

<b>Applicant's Signature:</b>	<b>Date:</b>
<b>Email Address:</b> <i>(please print)</i>	<b>Telephone Number:</b> <i>(include area code)</i> ( ) _____ - _____

If you have additional comments, please use this space or attach paperwork if necessary.