2017-2018

MINNESOTA–SOUTH DAKOTA
APPLICATION FOR RECIPROCITY BENEFITS

MINNESOTA OFFICE OF HIGHER EDUCATION
SOUTH DAKOTA BOARD OF REGENTS
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 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 this 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.
# Application for Reciprocity Benefits

**Minnesota-South Dakota Reciprocity Program**

**2017-2018 Academic Year**

**Fall Term 2017 – Summer Term 2018**

MN residents enrolling at SD colleges or SD residents enrolling at MN community colleges, technical colleges or state universities are no longer required to submit a paper application because eligibility will be determined by the campus they attend.

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## Read instructions before completing application

1. **Name (last, first, middle initial):**

2. **Social Security Number:**

3. **Birthdate (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 in the space provided on the back of this application.
   - 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 2017-2018 academic year, if known (street, address, city, state & zip code):

6. **Name of High School Attended:**
   - City:
   - State:
   - Year Graduated:
   - Year and State in which you earned GED (If applicable)

7. **Parent’s or 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. **Name and location** of college/university that you plan to attend for the 2017-2018 academic year and for which you are seeking tuition reciprocity:

11. **Class level – For 2017-2018**
   - **Undergraduate:**
     - Fresh. ( )
     - Soph. ( )
     - Jr. ( )
     - Sr. ( )
     - Other ( )
   - **Graduate ( )**

   ![Check all that apply]

12. **Terms of Enrollment:**
   - FALL 2017 ( )
   - SPRING 2018 ( )
   - SUMMER 2018 ( )

13. **Course of Study/Major:**

14. **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 in the space provided on the back of this application.**

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**Complete page 2 of the application form**
15. Did you receive reciprocity in any prior years?  
   ( ) NO ( ) YES  
   If YES, name of institution __________________________________________ from ___/___/___ to ___/___/___

16. For 2016 Federal/State Income Tax?  
   ( ) Were you claimed as a dependent by your parent or guardian(s)?  
   _______________________________  
   What state? ______________________
   ( ) Did you claim yourself?  
   _______________________________  
   What state? ______________________

17. For 2017 Federal/State Income Tax?  
   ( ) Will you be claimed as a dependent by your parent or guardian(s)?  
   _______________________________  
   What state? ______________________
   ( ) Will you claim yourself?  
   _______________________________  
   What state? ______________________

18. What was your status in 2016?(please check what applies)  
   ( ) Employed  
   Dates employed: _______________________________  
   Institution: ____________________________________  
   ( ) Full-time Student  
   Institution: ____________________________________  
   ( ) Part-time Student  
   Institution: ____________________________________  
   ( ) Graduate Assistant  
   Institution: ____________________________________  
   ( ) Other  
   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. 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 South Dakota/Minnesota that this application has been examined by me and to the best of my knowledge and belief is true, correct and complete.

<table>
<thead>
<tr>
<th>Applicant’s Signature:</th>
<th>Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Email Address: (optional)</th>
<th>Telephone Number: (include area code) (    ) ________ - _____________</th>
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Minnesota residents enrolling in South Dakota institutions no longer have to complete a paper application.

South Dakota residents enrolling in MnSCU community colleges, technical colleges and state universities do not need to submit this application, since eligibility will be determined by the campus. Those attending University of Minnesota campuses should submit this application to:

South Dakota Board of Regents  
Reciprocity Program  
Box 2201  
Brookings, SD  57007-1198

Eligibility will be determined by the campus they attend.

Additional Comments : (attach additional paper if needed)