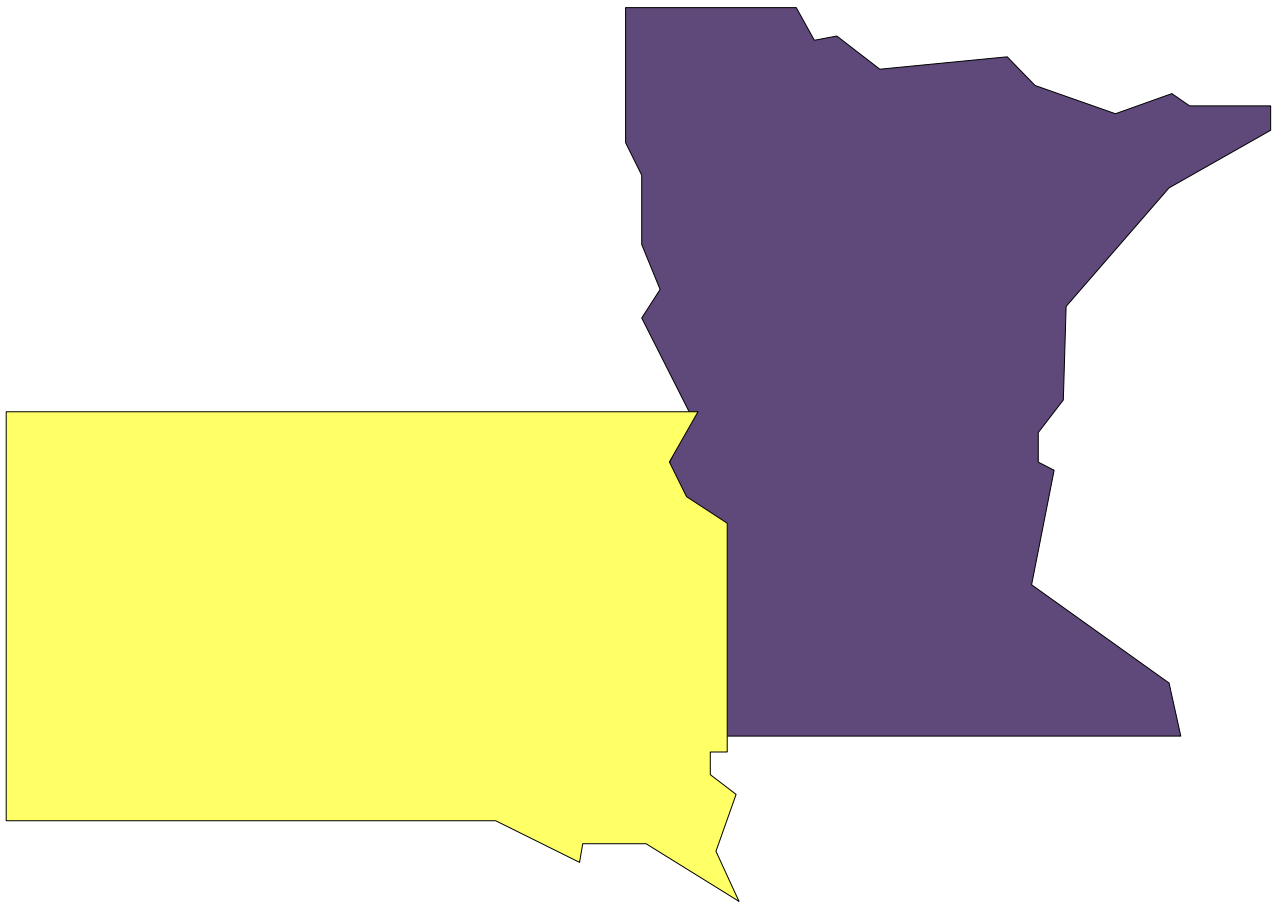


2020-2021

**MINNESOTA–SOUTH DAKOTA
APPLICATION FOR RECIPROcity BENEFITS**



**MINNESOTA OFFICE OF HIGHER EDUCATION
SOUTH DAKOTA BOARD OF REGENTS**

GENERAL INFORMATION AND INSTRUCTIONS

Minnesota-South Dakota Tuition Reciprocity Program 2020-2021 Academic Year (Fall 2020-Summer 2021)

**To avoid delay, applications must be mailed directly to the appropriate state BY THE APPLICANT
The application 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. Minnesota residents attending South Dakota campuses OR South Dakota residents attending community colleges, technical colleges and state universities in Minnesota do NOT have to submit this application, since eligibility for reciprocity benefits will be determined by the campus upon admission. South Dakota residents attending University of Minnesota campuses should mail the completed application to the South Dakota Board of Regents. Reciprocity recipients who earned credits during the 2019-2020 academic year will automatically have benefits renewed for the 2020-2021 academic year at the institution(s) reporting credits for the student during the 2019-2020 academic year. Therefore, these students do NOT need to complete a reciprocity application for the 2020-2021 academic year. If your current institution has not received notification of your renewal status by November 1, 2020, 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 the 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-South Dakota Tuition Reciprocity Program improves the postsecondary educational advantages for residents of Minnesota and South Dakota through greater availability and accessibility of postsecondary opportunities. **Any** student who meets residency requirements at a public institution may attend a Minnesota public institution on a space available basis and pay the established reciprocity tuition rate for course work that is located in Minnesota under this program. Similarly, any student who meets residency requirements in Minnesota may attend a South Dakota public institution on a space available basis and pay the established reciprocity rate for course work that is located in South Dakota. Students enrolled in those programs where special contracts exist between the two states are not eligible.

ELIGIBLE INSTITUTIONS

South Dakota

Black Hills State University, Spearfish
Dakota State University, Madison
Northern State University, Aberdeen
South Dakota School of Mines & Technology, Rapid City
South Dakota State University, Brookings
University of South Dakota, Vermillion

Minnesota

All Public Community and Technical Colleges
All Public State Universities
University of Minnesota 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 has not been received and apply again.

APPLICATION FOR ADMISSIONS: Application to the Minnesota-South 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 qualify for admission to the school of your choice, following the procedures required by that institution.

ADMINISTERING AGENCIES: The South Dakota Board of Regents (SDBOR) will determine the residency and eligibility status of South Dakota applicants enrolled in University of Minnesota campuses 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 then notify the Minnesota public institutions. South Dakota campuses will determine the residency and eligibility status of Minnesota residents attending South Dakota public institutions and will certify to the Minnesota Office of Higher Education.

MINNESOTA RESIDENTS -

Contact the campus you are attending for determination of your eligibility for reciprocity benefits.

SOUTH DAKOTA RESIDENTS - Return applications to:

South Dakota Board of Regents
Reciprocity Program
Box 511
Brookings, South Dakota 57007
wendy.geidel@sdstate.edu

NOTICE TO APPLICANTS

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.

State of South Dakota
 South Dakota Board of Regents
 Reciprocity Program
 Box 511
 Brookings, SD 57007
 (605) 688-4093
wendy.geidel@sdstate.edu

**Application for Reciprocity Benefits
 Minnesota-South Dakota Reciprocity Program
 2020-2021 Academic Year
 (Fall Term 2020 – Summer Term 2021)**

MN residents enrolling at SD institutions or **SD residents** enrolling at MN institutions are no longer required to submit a paper application because eligibility will be determined by the campus they attend. Those planning to attend University of MN campuses should submit this application to South Dakota Board of Regents

State of Minnesota
 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

Send Completed Application to Appropriate Address

◀ Read instructions before completing application

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| 1. Name (<i>last, first, middle initial</i>): | | <p style="text-align: center;">FOR OFFICE USE ONLY</p> <table border="1" style="float: right;"> <tr><td></td><td></td><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><td></td><td></td></tr> <tr><td></td><td></td><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><td></td><td></td></tr> <tr><td></td><td></td><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><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>County Origin Major Class Terms School</p> <p>Received _____</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2. Social Security Number: | 3. Birthdate (<i>mm/dd/yy</i>): | 4. County of Residence: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Home Address (street address, city, state, zip code): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 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 2020-2021 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 () -- 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 2020-2021 academic year and for which you are seeking tuition reciprocity: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. Class level – For 2020-2021 Undergraduate: Fresh. () Soph. () Jr. () Sr. () Other () | Graduate () | Professional: Medicine () Pharmacy () Veterinary Medicine () Law () Dentistry () | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. Terms of Enrollment: FALL 2020 () SPRING 2021 () SUMMER 2021 () <i>check all that apply</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 15. Did you receive reciprocity in any prior years? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES , name of institution _____ from ____/____/____ to ____/____/____ | |
| 16. For 2019 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? _____ | |
| 17. For 2020 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? _____ | |
| 18. What was your status in 2019 ?(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. 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.

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

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| <p>Minnesota residents enrolling in South Dakota institutions no longer have to complete a paper application.</p> <p>Eligibility will be determined by the campus they attend.</p> | <p>South Dakota residents enrolling in Minnesota institutions other than University of Minnesota campuses 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:</p> <p>South Dakota Board of Regents Reciprocity Program Box 511 Brookings, SD 57007 wendy.geidel@sdstate.edu</p> |
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Additional Comments : (attach additional paper if needed)