

Student information			
Student name—Please type or print neatly in ink.			
Last	First	Middle	
Student ID number	U of M e-mail @d.umn.edu		
Current mailing address			
Street	City	State	Zip code
ALL STUDENTS must complete this reciprocity information section. (Students receiving reciprocity are not eligible for the Minnesota State Grant.)			
Will you receive Wisconsin, South Dakota, North Dakota, Manitoba, or Michigan reciprocity in 2007–2008? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Will you participate in the Midwest Student Exchange Program (MSEP) in 2007–2008? <input type="checkbox"/> Yes <input type="checkbox"/> No			
ALL STUDENTS must complete this educational history section.			
By July 1, 2007, will you have graduated from a Minnesota high school? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of high school	City	State	Graduation date (mm/yy) /
By July 1, 2007, will you have obtained a General Educational Development (GED) certificate in Minnesota? (A GED certificate is granted to students who did not graduate from high school, but passed a high school equivalency test.)			
<input type="checkbox"/> Yes <input type="checkbox"/> No Date of GED test (mm/dd/yy) _____ / _____ / _____			
List all universities, colleges, business, and technical institutions that you have attended beyond high school. We will require transcripts from the schools listed if we do not already have them.		Dates of attendance mm/yy to mm/yy	
Have you or your parents ever been members of the U.S. military service or missionary service? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, were you or your parents residents of Minnesota prior to entering military or missionary service? <input type="checkbox"/> Yes <input type="checkbox"/> No			

–continue on reverse–

To request copies of this form in an alternative format: 218-726-8000. UMD is an equal opportunity employer and educator.

RETURN this form on campus to:

Student Assistance Center
 23 Solon Campus Center

E-mail: umdhelp@d.umn.edu
 Phone: 218-726-8000

or mail it to:

Office of Financial Aid and Registrar
 University of Minnesota Duluth
 1049 University Drive
 Duluth MN 55812-3011



DEPENDENT STUDENTS ONLY–Verification of PARENT’S Minnesota residency

Students whose parents provided financial information on the *July 1, 2007–June 30, 2008 Free Application for Federal Student Aid (FAFSA)* must provide the following information. In cases where parents are divorced, provide residency information for the parent whose financial information was reported on the *FAFSA*.

Have your parents ever lived in the State of Minnesota? Yes No

If yes, please indicate the dates: from (mm/dd/yy) _____ / _____ / _____ to (mm/dd/yy) _____ / _____ / _____

Parents’ address at the time the 2007–2008 *FAFSA* was completed. If address is in Minnesota, attach a copy of a current rent receipt, purchase agreement, or utility bill for the residence given.

Street address	City	State	Zip code
----------------	------	-------	----------

Address at which you resided during your high school attendance

Street address	City	State	Zip code
----------------	------	-------	----------

INDEPENDENT STUDENTS ONLY–Verification of STUDENT’S Minnesota residency

Have you maintained continuous residency in the State of Minnesota since birth? Yes No

If no, in which state or country did you live prior to residency in Minnesota: _____

Dates you have resided in Minnesota: from (mm/dd/yy) _____ / _____ / _____ to (mm/dd/yy) _____ / _____ / _____

Dates you have resided at the **current mailing address on the front of this form:**

Dates: from (mm/dd/yy) _____ / _____ / _____ to (mm/dd/yy) _____ / _____ / _____

Date you became at least a half-time student at a Minnesota post-secondary institution (mm/yy) _____ / _____

Have you ever received a Minnesota State Grant? Yes No

Address at which you resided during your high school attendance

Street address	City	State	Zip code
----------------	------	-------	----------

STUDENT MUST SIGN–Certification

I certify that all information provided is true and correct to the best of my knowledge.

Student’s signature _____ Date _____

OFAR use only

Counselor’s signature _____ Date _____

Comments