

# MINNESOTA-SOUTH DAKOTA APPLICATION FOR RECIPROCITY BENEFITS

## APPLICATION TO THE PROGRAM 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 campus of Minnesota West Community and Technical College that you plan to attend. Reciprocity recipients who earned credits during the immediately preceding academic year will automatically have benefits renewed for the following academic year. If there is a one year break, the student will need to re-apply for reciprocity.

**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.

**WHO IS ELIGIBLE:** The Minnesota-South Dakota Tuition Reciprocity Program improves the post-secondary educational advantages for residents of Minnesota and South Dakota through greater availability and accessibility of post-secondary 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.

**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.

### NOTICE TO APPLICANTS

Notice to Applicants-Section 7(b) of the Federal Privacy Act of 1974(5 U.S.C.52a) 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 for such purposes as processing the application form, program evaluation and reporting, and verifying that the correct student has been approved for reciprocity.

Pursuant to Minnesota Statutes, Sec 13.04 Subd.2 (2000), 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.

Minnesota West Community and Technical College 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 800-657-3966.

### Send Completed Application to the campus you plan to attend.

1. Name (last, first, middle initial): \_\_\_\_\_

2. Social Security Number: \_\_\_\_\_

3. Birthdate (mm/dd/yy): \_\_\_\_\_

4. County of Residence: \_\_\_\_\_

5a. Home Address (street address, city, state, zip code): \_\_\_\_\_  
\_\_\_\_\_

5b. I (student) have resided at this address since \_\_\_\_/\_\_\_\_/\_\_\_\_ (month/date/year).

5c. 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 on the back of this application.

5d. If you have not resided in South Dakota during the past twelve months, explain any circumstances that may entitle you to reciprocity benefits (use the back of this form).

5e. Address while attending school during the academic year, if known (street, address, city, state & zip code):  
\_\_\_\_\_

6. Name of High School Attended: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

7. Parent's or Guardian's Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Parent's resided here since: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YY).

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?  NO  YES If NO, enclose a photocopy of your visa/green card or I-94 visa.

10. Course of Study/Major: \_\_\_\_\_

11. List Colleges that you previously attended, are currently attending, and dates of enrollment (from MM/DD/YY to MM/DD/YY) at each institution on the back of this application.

12. Did you receive reciprocity in any prior years?  NO  YES If YES, name of institution

\_\_\_\_\_ from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YY)

13. Were you or will you be claimed as a dependent?

A. On parents or guardian's previous year Federal/State Income Tax?  NO  YES- If YES, what state? \_\_\_\_\_

B. On parent's or guardian's current year Federal/State Income Tax?  NO  YES-If YES, what state? \_\_\_\_\_

14. Did you or will you claim yourself?

A. on your previous year Federal/State Income Tax?  NO  YES If YES, what state? \_\_\_\_\_

B. On your current year Federal/State Income Tax?  NO  YES If YES, what state? \_\_\_\_\_

15. What was your status in the past year?

A. Employed?  NO  YES If YES, dates employed \_\_\_\_\_

B. Full-time Student?  NO  YES If YES, institution \_\_\_\_\_

C. Part-time Student?  NO  YES If YES, institution \_\_\_\_\_

D. Graduate Assistant?  NO  YES If YES, institution \_\_\_\_\_

E. Other?  NO  YES If YES, explain \_\_\_\_\_

### CERTIFICATION

**I HAVE READ THE INSTRUCTIONS ON THE 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: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

**\*\*For Office Use Only\*\***

Approved  Denied Signature: \_\_\_\_\_ Date: \_\_\_\_\_