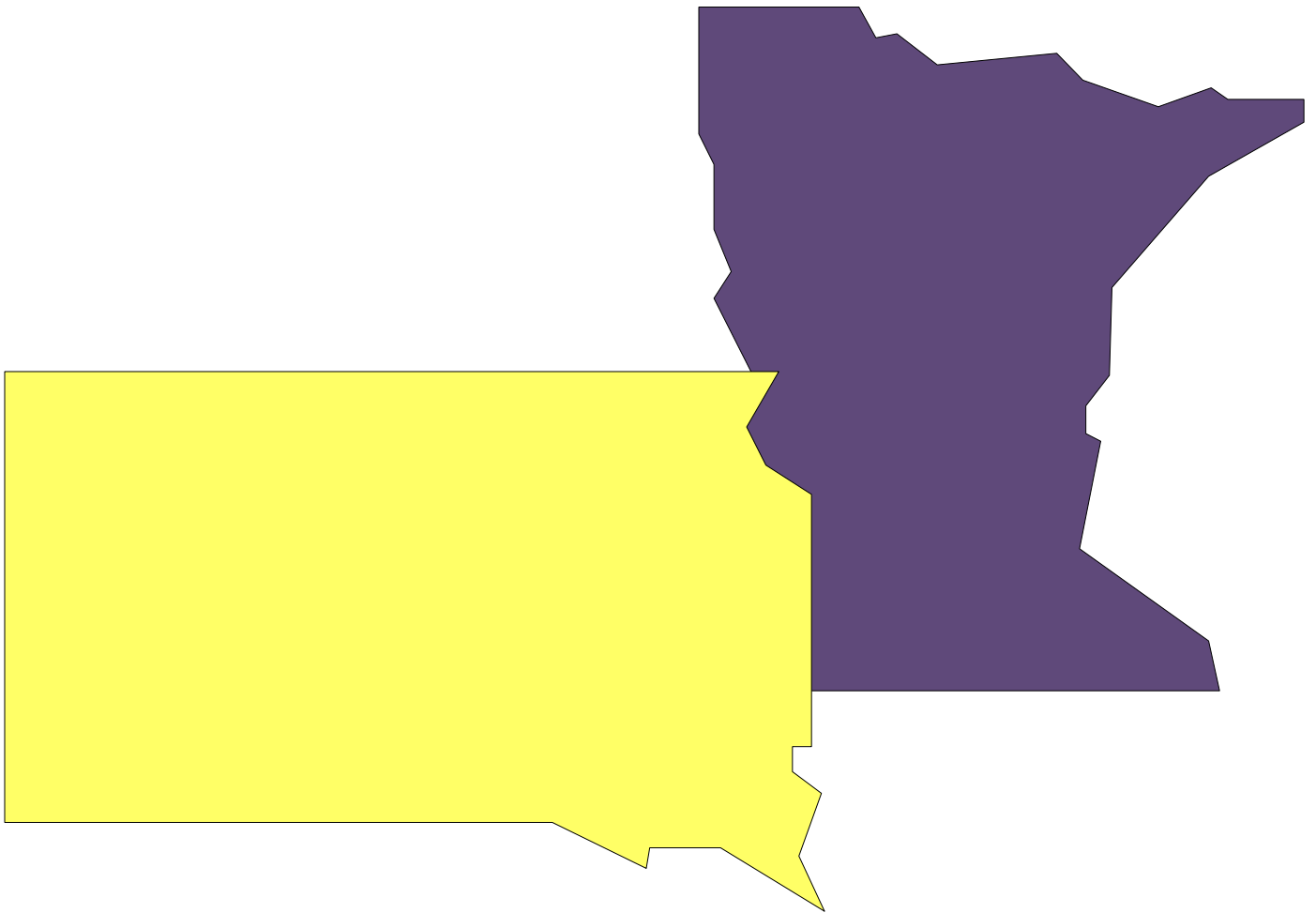


2009-2010

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 2009-2010 Academic Year (Fall 2009-Summer 2010)

**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. Mail the completed application **DIRECTLY** to the higher education agency located in your state of residence. Addresses for these agencies are listed below. Reciprocity recipients who earned credits during the 2008-2009 academic year will automatically have benefits renewed for the 2009-2010 academic year at the institution(s) reporting credits for the student during the 2008-2009 academic year. Therefore, these students do **NOT** need to complete a reciprocity application for the 2009-2010 academic year. If your current institution has not received notification of your renewal status by November 1, 2009, 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 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 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 (SDBR) will determine the residency and eligibility status of South 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 then notify the Minnesota public institutions. Similarly, each South Dakota campus will determine the residency and eligibility status of Minnesota residents attending South Dakota public institutions.

#### MINNESOTA RESIDENTS -

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

#### SOUTH DAKOTA RESIDENTS - Return applications to:

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

#### 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 in the 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 2201  
 Brookings, SD 57007-1198  
 (605) 688-4497

Application for Reciprocity Benefits  
 Minnesota-South Dakota Reciprocity Program  
 2009-2010 Academic Year  
 (Fall Term 2009 – Summer Term 2010)  
 MN residents enrolling at SD colleges are  
 no longer required to submit a paper  
 application because eligibility will be  
 determined by the campus they attend.

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.getreadyforcollege.org](http://www.getreadyforcollege.org)

**Send Completed Application to Appropriate Address**

**◀ Read instructions before completing application**

1. Name (last, first, middle initial):				<b>FOR OFFICE USE ONLY</b> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td>County</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td>Origin</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td>Major</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td>Class</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td>Terms</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td>School</td></tr> </table> Received _____										County							Origin							Major							Class							Terms							School
										County																																							
										Origin																																							
										Major																																							
										Class																																							
										Terms																																							
										School																																							
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 in the space provided on the back of this application.																																																	
5d. 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).																																																	
5e. Address while attending school during the <b>2009-2010</b> 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. <b>Name and location</b> of college/university that you plan to attend for the <b>2009-2010</b> academic year and for which you are seeking tuition reciprocity:																																																	
11. Class level – Fall 2009 <b>Undergraduate:</b> Fresh. ( ) Soph. ( ) Jr. ( ) Sr. ( ) Other ( )			Graduate ( )	<b>Professional:</b> Medicine ( ) Pharmacy ( ) Veterinary Medicine ( ) Law ( ) Dentistry ( )																																													
12. Terms of Enrollment: FALL <b>2009</b> ( ) SPRING <b>2010</b> ( ) SUMMER <b>2010</b> ( ) <span style="float: right;"><i>check all that apply</i></span>																																																	
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.																																																	

15. Did you receive reciprocity in any prior years? ( ) NO ( ) YES If YES, name of institution _____ from ___/___/___ to ___/___/___	
16. Were you or will you be claimed as a dependent?	
a. On parents or guardians 2008 Federal/State Income Tax?	NO ( ) YES ( ) If yes, what state? _____
b. On parents or guardians 2009 Federal/State Income Tax	NO ( ) YES ( ) If yes, what state? _____
17. Did you or will you claim yourself?	
a. On your 2008 Federal/State Income Tax?	NO ( ) YES ( ) If yes, what state? _____
b. On your 2009 Federal/State Income Tax?	NO ( ) YES ( ) If yes, what state? _____
18. What was your status in 2008?	
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 _____

**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.

<b>Applicant's Signature:</b>	
<b>Date:</b>	<b>Telephone Number:</b> (include area code) ( ) _____ - _____

**Minnesota residents enrolling in South Dakota institutions no longer have to complete a paper application.**

Eligibility will be determined by the campus they attend.

**South Dakota residents enrolling in Minnesota institutions return application to:**

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

**Additional Comments : (attach additional paper if needed)**