

This cover page includes instructions about where and how to turn in your form. If you are submitting a form that contains personally identifiable information (i.e. name, student ID number, date of birth), we encourage you to **submit the completed form by mail or in person.**

BY MAIL TO:

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

IN PERSON ON CAMPUS TO:

One Stop Student Services
23 Solon Campus Center

If you choose to submit the completed form by email, for your security we prefer to receive this form via your **UMD email address (xxxxxxx@d.umn.edu).**

To learn more about what might be personally identifiable information, visit studentprivacy.ed.gov.

No need to print this cover page.

MIDWEST STUDENT EXCHANGE PROGRAM (MSEP)
Evaluation request form

This form is for non-resident, undergraduate, degree-seeking students who are now legal residents of one of the MSEP states: Illinois, Indiana, Kansas, Missouri, Nebraska or Ohio.

All information requested on this form is private, and is required for identification. The information will be used to determine whether your request for MSEP fee status will be granted. Information may be shared with offices within the University of Minnesota for the use described above.

For more information about the Midwest Student Exchange Program (MSEP) visit:
[Midwest Student Exchange Program.](#)

RETURN FORM:

BY MAIL TO:

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

IN PERSON ON CAMPUS TO:

One Stop Student Services
 23 Solon Campus Center

QUESTIONS?

Phone: 218-726-8000
 TTY (hearing impaired):
 800-627-3529
 Email: umdhelp@d.umn.edu

Complete this form in Adobe Reader software, not a Web browser, to ensure the privacy of your information.
Place the cursor in a field and type. Print to add the required signatures.

Student information			
Last name—type or print		First	Middle
U of M ID number	Birthdate (mm/dd/yyyy)	Phone number	U of M e-mail @d.umn.edu
Permanent address (street, apartment number, city, state, ZIP code)			
MSEP state for consideration		Term and year you wish MSEP status to be effective <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 20____	
Date your residency began (mm/yyyy)		Country of Citizenship	Visa type (If not a US citizen)

Parent or guardian information		
Last name—type or print		Middle
Address (street, apartment number, city, state, ZIP code)		
Phone number	Date their residency began (mm/dd/yyyy)	
Reason for moving to this state		

Support received from parent, guardian or relative			
You must attach a written statement from each individual stating how long they have lived in their state, the nature of their relationship to you, and the percent of support provided.			
Percent of total support	Relationship to you	Their state of residence	Are you claimed on their federal income tax return?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No



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

MIDWEST STUDENT EXCHANGE PROGRAM (MSEP)

Evaluation request form

Were you claimed as a tax dependent on a parent or guardian's income tax form last year? Yes No

(If yes, what state) _____

Will you be claimed as a tax dependent on a parent or guardian's income tax form this year? Yes No

(If yes, what state) _____

Did you claim yourself as a tax dependent on your income tax form last year? Yes No

(If yes, what state) _____

Will you claim yourself as a tax dependent on your income tax form next year? Yes No

(If yes, what state) _____

Please list any additional information you feel is important for consideration.

This application must be completed in full and signed by the applicant. If the application is not complete it will be returned. The application must be submitted to the University of Minnesota-Duluth by the deadline noted below.

Deadline: We encourage you to apply at least one month prior to the start of the term you are seeking MSEP tuition benefits. In the event that benefits are granted, it is your advantage to apply early so you won't be assessed tuition at the non-resident rate for that term.

The final deadline is the last day of classes at the University of Minnesota-Duluth for the term benefits are needed. If you wish to participate in the program for the entire academic year, your application must be correctly completed, submitted and received by the last day of scheduled classes in the fall term. Applications will not be processed retroactively.

Signature

I certify that the information given is true, correct, and complete to the best of my knowledge. I understand that falsification of information may result in disciplinary action.

Applicant's signature _____

Date _____

Note: You must date and sign your application.

Current mailing address

Address (street, apartment number, city, state, ZIP code)