



Application for MINNESOTA RECIPROCITY STATUS

Under the Manitoba Minnesota Reciprocity Agreement, students who are residents of the state of Minnesota as defined by the University of Manitoba, are granted reciprocity fee status.

After a successful application, a Minnesota Reciprocity Student pays the same tuition rate as a Canadian Citizen. Please note, International Health Insurance fees will still be assessed. You must be admitted to the UM to submit this application. Incomplete applications will be destroyed. Minnesota Reciprocity applications must be resubmitted annually to the Registrar's Office, prior to the start of classes.

Active Offer: This PDF document is available in alternate formats upon request. If you require an alternative format, please contact: Registrar.Office@umanitoba.ca.

Once complete, please submit this form and attachments to the Registrars Office.

PART 1: STUDENT INFORMATION

Student Number: _____ Faculty: _____
Last Name(s): _____ Given Name(s): _____
Middle Name(s): _____ Previous Name(s) (If Applicable): _____
Date of Birth: _____ Daytime Phone: _____ U of M Email: _____

PART 2: SUPPLEMENTAL DOCUMENTATION CHECKLIST *

I have attached proof of my most recent Minnesota tax return. †
OR
I have attached my parent or guardian's most recent Minnesota tax return where I am listed as a dependent. †
AND I have attached one of the following documents:
A copy of my Minnesota Driver's License
A copy of my Minnesota Voter Registration
Copies of both sides of my Student Visa
A copy of my Minnesota Identification Card
A copy of my military dependent ID

* Please ensure that attached documents are legible.
† We only need to see the page of the tax return with name, address and recent tax year of the applicant OR the parent of the applicant.

PART 3: STUDENT DECLARATION AND SIGNATURE

I certify that the information given is true, correct, and complete to the best of my knowledge. I understand that the falsification of information may result in disciplinary action.
I understand that applications must be resubmitted annually to the Registrar's Office, prior to the start of classes.

Signature: _____ Date: _____