



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.**

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

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

PART 1: STUDENT INFORMATION

Student Number: _____ Faculty: _____
Leave blank if unknown
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: _____

Notice Regarding Collection, Use, and Disclosure of Personal Information by the University

Your personal information is being collected under the authority of The University of Manitoba Act. The information you provide will be used by the University for the purpose of determining your eligibility for Minnesota Reciprocity Status and to update your University of Manitoba records accordingly. Your personal information will not be used or disclosed for other purposes, unless permitted by The Freedom of Information and Protection of Privacy Act (FIPPA). If you have any questions about the collection of your personal information, contact the Access & Privacy Office (tel. 204-474-7559), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.