

PERSONAL INFORMATION

Please note: Your name on this application must match your name as it appears on your passport.

1. **Legal Name**
First/Given Name(s) Last or Family Name

2. **Date of Birth** 3. **Gender** Male Female
mm/dd/yyyy

4. **Current Phone** 5. **Email Address**
Note: This email will be our primary method of communication with you

6. **Permanent Address (Home Country)**

7. **Semester You Wish to Begin** Fall (September) Spring (January)

8. **Exchange Period** Fall Semester Spring Semester Academic Year Calendar Year (January–December)

RESIDENCY INFORMATION

9. **Are you a U.S. citizen?** Yes (go to #11) No (complete A-D below)

A. **Country of Citizenship**

B. **City of Birth**

C. **Country of Birth**

D. **Country of Legal Permanent Residence**

10. **Are you currently living in the US?** No (go to #11) Yes (complete A-B below)

A. **Visa Type** (only if you are now living in the U.S.)
 Non-immigrant Visa → → Please list type of visa (e.g., F-1, J-1):
 Permanent Resident/Green Card (go to #11)
 Other (please list):

B. **For students already in the U.S. (or who will be in the U.S. immediately prior to attendance at UMN):**

SEVIS Number Institution That Issued Your Initial Visa Date You Entered the U.S. (mm/dd/yyyy)

11. **Will you be accompanied by family members eligible for dependent visas (such as your legal spouse or any unmarried children under the age of 21)?** Yes (if yes, supplementary form must be requested) No

EDUCATIONAL BACKGROUND

12. School in which you are now enrolled. If none, check here:

Name of School

Location of School (City/Country)

13. Your status at this school is: Undergraduate Student Graduate Student Professional Degree Student

14. List all education institutions you have attended or are attending, including all universities, colleges, technical schools, or other postsecondary educational programs.

| Name of School | City/State/Country | From (mm/yyyy) | To (mm/yyyy) | Certificate or Degree |
|----------------------|----------------------|----------------------|----------------------|-----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

15. List all courses now in progress or that you plan to take at your present school before enrolling at the University of Minnesota-Twin Cities.

| Term | Department | Course # | Course Title | Credits |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

ENGLISH PROFICIENCY

16. Is English your native language? Yes (go to #19) No

17. Are you now enrolled in an English language program? Yes No

If yes, where?

18. Please check all English language proficiency tests taken. Attach copy of report.

| | | | | | |
|--|----------------------|------|---------------------------------------|----------------------|------|
| <input type="checkbox"/> CAE C1 Advanced | <input type="text"/> | Year | <input type="checkbox"/> TOEFL | <input type="text"/> | Year |
| <input type="checkbox"/> IELTS Academic | <input type="text"/> | Year | <input type="checkbox"/> PTE Academic | <input type="text"/> | Year |

COLLEGE/MAJOR CHOICE

19. Degree Status Degree-Seeking Status Non-Degree-Seeking Status

20. College and Major

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| Intended College | Intended Major |

21. Second Choice If you are not admitted to your first choice, would you like to be considered for a different major and college?

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| 2nd Choice College | 2nd Choice Major |

ADDITIONAL INFORMATION

22. Have you ever been expelled from, suspended from, or placed on probation at any high school, college or university for academic dishonesty or for sexual misconduct? Yes No

23. As an adult or juvenile, have you been found legally responsible for a sexual offence, or do you have any sexual offense charges pending against you at this time? Yes No

In addition, please submit the following items with this form:

- Official Transcripts and Official English Translations of Your Transcripts.
- Test Scores.
- Financial Document (see page 4).
- Copy of Passport ID page.

ACCESS TO YOUR FILE AND SIGNATURE

If you wish to allow the University of Minnesota to give information about your application file or admission or scholarship status to a person other than yourself (such as a parent, relative, or friend), please list the name(s) and relationship:

Name(s)

Relationship to You

Check here to give the University of Minnesota permission to share data with this home institution including, but not limited to, academic, financial, and disciplinary records while enrolled at U of M. Choosing not to allow this data sharing may disqualify acceptance to U of M programs.

Special notice regarding release of information on the application. The University of Minnesota may request University staff, faculty, alumni and/or students to assist you with questions concerning the University and to provide you with additional information. This would be done under the direction of the Office of Admissions staff. The type of Information that might be released includes name, address, phone number, classification (freshman or transfer), major, and most recent educational institution attended. If you do not wish to receive this particular service, please attach a letter to your application indicating your wishes in this matter.

Privacy statement: All information on the application form is private. The information requested will be used for identification, to determine admission, and to establish your University academic record if you are admitted. Failure to provide the information may delay or affect the admission decision. Information will be shared with offices within the University for the uses described above and may be released to outside organizations and government bodies in limited circumstances as authorized by the applicant or by state or federal law.

Please print this form and sign your name below. By doing so, you agree to the following statement. "I certify that all statements made on this application are complete, true, and accurate to the best of my knowledge. I understand that the University of Minnesota may release my name, email address, and phone number to current and potential exchange students.

"I certify that the information I have provided on this application and on all other application materials is complete, accurate, and true to the best of my knowledge. I understand that misrepresentation or fraudulent information is sufficient grounds for canceling my admission or registration. I further understand that failure to promptly notify the Office of Admissions, as required on the residency information page, of any criminal charge or conviction prior to enrollment is sufficient grounds for canceling my admission or registration.

Check here to say you agree with the above statement and that you are providing an electronic signature below in lieu of a printed signature.

Applicant's Signature (Type Name)

mm/dd/yyyy

FINANCIAL CERTIFICATION STATEMENT- INTERNATIONAL EXCHANGE STUDENT

U.S. Citizenship and Immigration Service regulations requires the U of M to maintain records showing you have met its financial, as well as its academic and language proficiency requirements. You must complete all the information on this form before the U of M will issue your DS-2019. You must also document, with bank statements or official letters of support from organizations stating that they will pay for your expenses, that you have the funding necessary to pay your tuition, fees, and living expenses for the duration of your exchange program. Complete this form carefully to avoid lengthy delays that may affect your academic plans. We will return forms if they are incomplete or do not show adequate financial resources.

DATES OF EXCHANGE PROGRAM

Indicate below the dates the exchange program will begin and end. Students may enter the U.S. up to 30 days before the "Begin Date" indicated on the DS-2019. Each J-1 visa holder is allowed an additional 30 days at the end of the program to travel and prepare for departure from the U.S. ISSS recommends that the student arrive at least two weeks before the beginning of classes to attend orientation and register for classes.

Begin Date (mm/yyyy): _____ **End Date (mm/yyyy):** _____

EXPENSES

| | |
|---|---|
| <p>1. TUITION</p> <p>Estimated cost per semester is \$8,733. This amount might differ due to your exchange agreement and credit load. Carlson School of Management is responsible for paying this portion.</p> | <p>\$ <input type="text"/> X <input type="text"/> semester(s) = <input type="text"/></p> <p>If tuition will be paid or waived, type name of sponsoring college or department: Carlson School of Management</p> |
| <p>2. STUDENT FEES</p> <p>Estimated cost per semester is \$250.</p> | <p>\$ <input type="text"/> X <input type="text"/> semester(s) = <input type="text"/></p> |
| <p>3. LIVING EXPENSES + BOOKS</p> <p>Estimated cost per semester is \$8,000.</p> <p>Includes room and board, transportation, and other living costs for the duration of the exchange program. This minimum figure would allow for shared lodging, modest meals, and few amenities.</p> | <p>\$ <input type="text"/> X <input type="text"/> semester(s) = <input type="text"/></p> |
| <p>4. HEALTH INSURANCE</p> <p>Estimated cost per semester is \$1,272. Purchasing the U of M Student Health Benefit Plan is mandatory. Student is responsible for paying this portion.</p> | <p>\$ <input type="text"/> X <input type="text"/> semester(s) = <input type="text"/></p> |
| <p>TOTAL EXPENSES \$ <input style="width: 100px;" type="text"/></p> | |

SOURCES OF FUNDING

Funding must come from one or more of these sources*. Indicate any funding from each of the following:

| | | |
|---|---|--|
| A. UMN college or department | <input style="width: 100%;" type="text"/> | |
| B. U.S. government agency | <input style="width: 100%;" type="text"/> | |
| C. Exchange visitor's government | <input style="width: 100%;" type="text"/> | |
| D. All other organizations providing support | <input style="width: 100%;" type="text"/> | |
| E. Personal or family funds* | <input style="width: 100%;" type="text"/> | |
| <p>TOTAL FUNDING \$ <input style="width: 100px;" type="text"/></p> | | |

*These must be documented by bank statements AND letters of support, if account is under parent's name

For Staff Use Only – The College or Departmental Exchange Coordinator will complete this section:

| | | |
|---|--|---|
| <input type="checkbox"/> Jaclyn Combs jcombs | <input type="checkbox"/> Marina Aleixo aleix001 4-9671 | <input style="width: 100%;" type="text"/> |
| <input type="checkbox"/> Erin Piper 5-1760 | <input type="checkbox"/> Hannah Keuther hkuether 6-5987 | Other |

Per agreement provides Tuition Fees Other

I reviewed the financial information on this page to verify it is correct.

Coordinator's Signature