

Minnesota Residency Form

Name: _____

Student ID #: _____

Current Address: _____ City: _____ State: _____ Zip Code: _____

1. Did you or will you reside in Minnesota for 12 consecutive months before being enrolled in 6 or more credits at a MN College or University?

Yes _____ No _____

2. **Dependent Students Only:** Did your parents live in MN on the date your FASFA was completed?

Yes _____ No _____

3. Will you be receiving tuition reciprocity benefits from a neighboring state?

Yes _____ No _____

4. Did you or will you graduate from a Minnesota high school while residing in Minnesota?

MN High School Name: _____

City: _____

Date of Graduation: _____

5. Did you or will you receive a GED while residing in Minnesota?

Yes _____ No _____

6. Did you or will you graduate from high school or receive a GED while residing in another State or Country?

Yes _____ No _____

7. Are you, your spouse, or your parent on active federal military service in Minnesota?

Yes _____ No _____

8. Are you a spouse or dependent of a veteran who is a Minnesota resident?

Yes _____ No _____

9. Are you, your spouse, or your parent an active member of the Minnesota National Guard residing in Minnesota?

Yes _____ No _____

10. Were you relocated to Minnesota from a presidential disaster area within 12 months of the disaster declaration?

Yes _____ No _____

11. Did you immediately relocate to Minnesota as a refugee from another country?

Yes _____ No _____

12. Are you currently residing outside of Minnesota?

Yes _____ No _____

13. Please list the name and location of ALL schools you have attended after high school and the date of attendance for each school. Do NOT include college courses taken during high school. If you withdrew from college during a term due to major illness while under the care of a physician, please make note of this below. If you withdrew for active military service after December 31, 2022, please provide a copy of your DD214 or military order to the Financial Aid Office.

Name of College and Location (State/Country)	Start Date:	End Date:

I certify that the information I provided on this application is complete, accurate, and true.

Student Signature: _____

Date: _____

