

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

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_