

Application

UNIVERSITY OF MINNESOTA

FOR 2017-2018 INTERNATIONAL EXCHANGE ADMISSION

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 Middle Name Last or Family Name

3. Date of Birth
Month Day Year

4. Gender Male Female

5. Current Phone

6. Email Address

Note: This email will be our primary method of communication with you

7. Permanent Address (Home Country)

8. Semester You Wish to Begin Fall (September) 2017 Spring (January) 2018

9. Exchange Period Fall Semester Spring Semester Academic Year Calendar Year (January - December)

College/Major Choice

10. Degree Status Degree-Seeking Status Non-Degree-Seeking Status

11. College and Major
Intended College Intended Major

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

Yes (fill in your choices below) No (continue to #14)

2nd Choice College 2nd Choice Major

Educational Background

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

Name of School Location of School (City/State/Country)

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

14. Is English your native language? Yes (go to #18) No

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

If yes, where?

Educational Background (cont.)

16. Please check all English language proficiency tests taken.

TOEFL MELAB IELTS
 Month Year Month Year Month Year
 Scores sent to U of M? Yes No Scores sent to U of M? Yes No Scores sent to U of M? Yes No

17. 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 (Month/Year)	To (Month/Year)	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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

18. 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"/>

Residency Information

19. Are you a U.S. citizen? Yes (go to # 21) No (complete A-D below)

A. Country of Citizenship
B. City of Birth
C. Country of Birth
D. Country of Legal Permanent Residence

20. Are you currently living in the US? No (go to #22) Yes (complete A-B below)

A. Visa Type (if you are now living in the U.S.)
 Temporary or Non-immigrant Visa → → Please list type of visa (e.g., F-1, J-1):
 Permanent Resident/Green Card (go to # 22)
 Other (please list):

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

 SEVIS Number Institution That Issued Your Initial Visa Date You Entered the U.S. (month, day, year)

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

Additional Information

22. Have you ever been convicted of a crime (other than a minor traffic violation) or is any such charge now pending against you? Yes No

If yes, provide a description of the incidents(s), including the date(s) and location(s). If your answer changes prior to enrollment, you must promptly contact the Office of Admissions to provide an explanation.

23. On a separate sheet of paper, describe in English your educational interests and goals, educational background, special interests, and what you plan to do when you return to your home country. Include any information you wish the Admissions committee to be aware of, including any extenuating circumstances. You must write this statement yourself without help from others.

In addition to the above Academic Interest Statement, 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)

Month

Day

Year

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

Deanne Silvera silve025 4-9512

Kate Terry terry053

Adam Pagel pagel 4-8013

Marina Aleixo aleix001 4-9671

Gabi Schmiegel schm0535 6-7428

Other

The University of Minnesota is an equal opportunity educator and employer.

Financial Certification Statement—International Exchange Student 2017-18

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: **End Date:**

Expenses

<p>1. TUITION Estimated cost per semester is \$6,300. This amount might differ due to your exchange agreement.</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: <input type="text"/></p>
<p>2. STUDENT FEES Estimated cost per semester is \$900.</p>	<p>\$ <input type="text"/> X <input type="text"/> semester(s) = <input type="text"/></p>
<p>3. LIVING EXPENSES + BOOKS Estimated cost per semester is \$7,000. 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 Estimated cost per semester is \$1,049. Purchasing the U of M Student Health Benefit Plan is mandatory.</p>	<p>\$ <input type="text"/> X <input type="text"/> semester(s) = <input type="text"/></p>
<p>TOTAL EXPENSES \$ <input 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. U of M college or department	<input type="text"/>	<p>TOTAL FUNDING \$ <input type="text"/></p>
B. U.S. government agency	<input type="text"/>	
C. International organizations	<input type="text"/>	
D. Exchange visitor's government	<input type="text"/>	
F. All other organizations providing support	<input type="text"/>	
G. Personal or family funds	<input type="text"/>	

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