2017-2018

MINNESOTA – WISCONSIN
APPLICATION FOR RECIPROCITY BENEFITS

MINNESOTA OFFICE OF HIGHER EDUCATION
WISCONSIN HIGHER EDUCATIONAL AIDS BOARD
GENERAL INFORMATION AND INSTRUCTIONS
Minnesota-Wisconsin Tuition Reciprocity Program
2017-2018 Academic Year (Fall 2017 – Summer 2018)

To avoid delay, applications must be mailed directly to the appropriate state agency BY THE APPLICANT

The applications must be completed in INK or TYPED

APPLICATION TO THE PROGRAM IS THE RESPONSIBILITY OF THE INDIVIDUAL

HOW TO APPLY: Complete this application IN FULL and sign the certification. Mail the completed application DIRECTLY to the higher education agency located in your state of residence. Addresses for these agencies are listed below. (NOTE: Minnesota residents can avoid a paper application and apply for reciprocity benefits on-line at: www.ohe.state.mn.us) (NOTE: Wisconsin residents can avoid a paper application by applying online at: www.heab.wi.gov)

Reciprocity recipients who earned credits during the 2016-2017 academic year will automatically have benefits renewed for the 2017-2018 academic year at the institution(s) reporting credits for the student during the 2016-2017 academic year. Therefore, these students do NOT need to complete a reciprocity application for the 2017-2018 academic year. If your current institution has not received notification of your renewal status by November 1, 2017, please contact the administering agency in your state of residence.

DEADLINE: The application deadline is the last day of classes at the institution attended for the term benefits are requested. Applications will not be processed retroactively. If you wish to receive reciprocity benefits for the entire academic year, your application must be correctly completed and postmarked by the last day of scheduled classes for fall term at the institution you are attending. If you would like confirmation that your application was mailed by the deadline, it is suggested you mail the application by certified mail with a return receipt requested from the post office.

WHO IS ELIGIBLE: The Minnesota-Wisconsin Tuition Reciprocity Program improves the postsecondary educational advantages for residents of Minnesota and Wisconsin through greater availability and accessibility of postsecondary opportunities. Under the reciprocity program, any student who is enrolled in an eligible program and meets residency requirements at a public university in Wisconsin may attend a Minnesota public institution on a space available basis and pay the established reciprocity tuition charges for course work that is located in Minnesota. Similarly, any student who is enrolled in an eligible program and meets residency requirements in Minnesota may attend a Wisconsin public institution on a space available basis and pay the established reciprocity tuition charges for course work that is located in Wisconsin. Professional students enrolling in a Doctor of Medicine, Doctor of Dental Sciences, or Doctor of Veterinary Medicine program at a public institution in either state will NOT be eligible for reciprocity benefits, since those programs are not covered by the tuition reciprocity agreement.

ELIGIBLE INSTITUTIONS:

**Wisconsin**
- UW-Madison
  - UW-River Falls
  - UW-Stevens Point
- UW-Milwaukee
  - UW-Stout
- UW-Green Bay
  - UW-Superior
- UW-Parkside
  - UW-Westphal
- UW-Colleges
  - Mesabi Range CC & TC
- UW-Eau Claire
  - Minnesota
    - Mesabi Range CC & TC
- UW-La Crosse
  - Anoka-Ramsey CC
- UW-Oshkosh
  - Central Lakes College
- UW-Platteville
  - Century College

**Minnesota**
- Fond Du Lac CC
- Hibbing CC & TC
- Inver Hills CC
- Itasca CC
- Lake Superior College
- Mesabi Range CC & TC
- Minneapolis CC & TC
- Minnesota State CC & TC
- Minnesota West CC & TC
- Normandale CC

**North Hennepin CC**
- Northland CC & TC
- Rainy River CC
- Ridgewood College
- Riverland CC & TC
- Rochester CC & TC
- Vermilion CC

**Metropolitan State University**
- St. Cloud State University
- Southwest MN State University
- Winona State University
- University of MN-Twin Cities
- University of MN-Crookston
- University of MN-Duluth
- University of MN-Morris

**Wisconsin Residents** – Return application to:

Wisconsin Higher Educational Aids Board
Reciprocity Program
P.O. Box 7885
Madison, Wisconsin 53707-7885

**Minnesota Residents** – Return application to:

Minnesota Office of Higher Education
Reciprocity Program
1450 Energy Park Drive, Suite 350
St. Paul, Minnesota 55108-5227

NOTIFICATION OF ACCEPTANCE: You will receive the results of your application within six weeks after you have applied. If you do not receive results within six weeks, you should assume your application has not been received and apply again.

APPLICATION FOR ADMISSION: Application to the Minnesota-Wisconsin Reciprocity Program does not constitute application for admission to an educational institution. Regardless of your eligibility for tuition reciprocity, you must still apply and qualify for admission to the school of your choice, following the procedures required by that institution.

ADMINISTRATIVE AGENCIES: The Wisconsin Higher Educational Aids Board (WHEAB) will determine the residency and eligibility status of Wisconsin applicants enrolled in Minnesota public institutions and will certify to the Minnesota public institutions that the students are eligible to pay the established reciprocity tuition charges. Similarly, the Minnesota Office of Higher Education (OHE) will determine the residency and eligibility status of Minnesota applicants attending Wisconsin public institutions and will certify to the Wisconsin public institutions that the students are eligible to pay the established reciprocity tuition charges.

MINNESOTA RESIDENTS – Return application to:

Minnesota Office of Higher Education
Reciprocity Program
1450 Energy Park Drive, Suite 350
St. Paul, Minnesota 55108-5227

NOTICE TO APPLICANTS

Notice to Applicants - Section 7(b) of the Federal Privacy Act of 1974 (5 U.S.C. 552a) requires that when any federal, state, or local government agency asks you to disclose your Social Security Account Number you must be advised whether that disclosure is mandatory or voluntary, by what statute or other authority the number is solicited, and what uses will be made of it. Accordingly, you are being advised that disclosure of your social security number is voluntary.

The Social Security number will be used to verify your identity, and as an identifier of your file in order to record necessary data accurately. As an identifier, the Social Security number is used in the Tuition Reciprocity Program for such purposes as processing the application form, program evaluation and reporting, and notification of program eligibility to institutions.

Pursuant to Minnesota Statutes, Sec. 13.04, Subd. 2 (2006), you are hereby informed that the information supplied in this application may be used as follows: (1) in the processing and verification of the data supplied to determine your eligibility for this program; (2) for compilation and analysis of summary data relative to this program; and (3) for dissemination of the information to the school. You are not required to provide the information supplied in this application. Failure to submit requested data may prevent further processing of this application. This information supplied in this application may be shared with other public and private individuals and entities in order to use the information for the purposes specified above.

The Minnesota Office of Higher Education does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its programs or activities. This document can be made available in an alternative format to individuals with disabilities by calling (651) 642-0567 or 800-657-3866.
Application for Reciprocity Benefits
Minnesota-Wisconsin Reciprocity Program
2017-2018 Academic Year
(Fall Term 2017-Summer Term 2018)

MN or WI residents enrolling into colleges are no longer required to submit a paper application if they apply online.

Send Completed Application to Appropriate Agency

Read instructions before completing application.

1. Name (last, first, middle initial):

2. Social Security Number

FOR OFFICE USE ONLY

2a. Gender
( ) Male  ( ) Female

3. Birth date (mm/dd/yy):

4. County of Residence:

5. Home Address (street address, city, state, zip code)

5a. I (student) have resided at this address since _______/______/_______ (month/date/year).

5b. If you have lived at this address for less than one year, list addresses and dates of prior places of residence for the previous five years (use the back of this form or a separate piece of paper).

5c. If you have not resided in the state where you are claiming residency during the past twelve months, explain any circumstances that may entitle you to reciprocity benefits (use the back of this form or a separate piece of paper).

5d. Address while attending school during the 2017-2018 academic year, if known (street, address, city, state & zip code):

6. Name of High School Attended: (including home school)

City:  State:  Year Graduated:

6a. Year and State in which you earned GED (If applicable)

7. Parent’s or Guardian’s Name:

Telephone No.
( ) _______ -_________

Parents Resided Here Since:
_____/_____/_____

Street Address:

City, State & Zip code:

8. Are you currently in the Military?  NO (   )  YES (   )  If YES, stationed at (Base, City, State): ______________________________

___________________________________ If yes, attach documentation showing home of record.

9. Are you a U.S. Citizen?  YES (   )  NO (   )  If NO, enclose a photocopy of your visa/green card or I-94 visa.

10. (WI residents only) Have you registered for Selective Service?  NO (   )  YES (   )  If yes, please provide “Registration Number” ________________

If you are male and 18 years or older, WI State statute 39.28(6) requires you to provide your Selective Service registration number for WI state aid. This requirement does not apply to males born prior to 1960. (Find your individual selective service number at http://www.sss.gov. Click on “Verify a Registration”.)

11. Name and location of college/university that you plan to attend for the 2017-2018 academic year and for which you are seeking tuition reciprocity benefits:

12. Class level – For 2017-2018 Undergraduate:

F resh. ( )  Soph. ( )  Jr. ( )  Sr. ( )  Other ( )  Graduate ( )

Graduate ( )

See attachment for who is eligible.

13. Terms of Enrollment:

Fall 2017 (   )  Winter Interim 2017 (   )  Spring 2018 (   )

Summer 2018 (   )

13a. Course of Study/Major:

14. List colleges that you previously attended, are currently attending, dates of enrollment (from MM/DD/YY to MM/DD/YY), and enrollment level (less than half-time or half-time or more) at each institution in the space provided on the back of this application form.

Complete page 2 of the application form
15. Did you receive reciprocity benefits in any prior years?  
( ) NO   ( ) YES If YES, name of institution ____________________________ from ___/___/___ to ___/___/___

16. For 2016 Federal/State Income Tax?  
( ) Were you claimed as a dependent by your parent or guardian(s)? What state? ________________
( ) Did you claim yourself? What state? ________________

17. For 2017 Federal/State Income Tax?  
( ) Will you be claimed as a depended by your parent or guardian(s)? What state? ________________
( ) Will you claim yourself? What state? ________________

18. What was your status in 2016? (please check what applies)  
( ) Employed? Dates employed: ________________________________
( ) Full-time Student? Institution: ________________________________
( ) Part-time Student? Institution: ________________________________
( ) Graduate Assistant? Institution: ________________________________
( ) Other? Please Explain: ______________________________________

THIS APPLICATION MUST BE COMPLETED IN FULL AND SIGNED BY THE APPLICANT. IF THE APPLICATION IS NOT COMPLETE, IT WILL BE RETURNED TO THE APPLICANT FOR COMPLETION AND THE PROCEES WILL BE DELAYED. THE APPLICATION MUST BE SUBMITTED TO THE APPROPRIATE AGENCY BY THE DEADLINE IN ORDER TO BE CONSIDERED. See instruction sheet for information regarding deadlines.

CERTIFICATION

I HAVE READ THE INSTRUCTIONS ON THE ATTACHMENT TO THIS APPLICATION CONCERNING MY RESPONSIBILITIES. I declare under penalty of criminal laws of the State of Wisconsin/Minnesota that this application has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Applicant’s Signature: ____________________________ Date: ____________________________

Email Address (optional) ____________________________ Telephone Number: (include area code) ( _____ ) _________ - ____________

Minnesota residents enrolling in Wisconsin institutions return application to:  
Minnesota Office of Higher Education  
Reciprocity Program  
1450 Energy Park Drive, Suite 350  
St. Paul, MN  55108-5227

Wisconsin residents enrolling in Minnesota institutions return application to:  
Wisconsin Higher Educational Aids Board  
Reciprocity Program  
PO Box 7885  
Madison, WI  53707-7885

Additional comments : (use additional paper if needed)