

\_\_\_\_\_

<b>Last Name</b>	<b>First Name</b>	<b>Student ID or StarID</b>
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1. Please **check one** of the following regarding your High School graduation status:

\_\_\_\_ I have graduated or will graduate from a Minnesota High School while residing in Minnesota.

High School Name \_\_\_\_\_ City \_\_\_\_\_ Date of Graduation \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Year

\_\_\_\_ I have or will receive a GED while residing in Minnesota. Date of GED \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Year

\_\_\_\_ I have graduated or will graduate or I received a GED while residing in another State or Country.

City of High School \_\_\_\_\_ State \_\_\_\_ Country \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Year

\_\_\_\_ I have not graduated from high school or received a GED.

2. List your places of residence, **starting with your place of birth**. Include your dates of residence and your reason for residing there (e.g., college, employment, military service, family, etc.). Attach another sheet if more space is needed.

Name of State (or Country if not in the U.S.)	Reason for Residing	Resided From (Month/Year)	To (Month/Year)
	<i>Place of Birth</i>	/	/
		/	/
		/	/
		/	/
		/	/
		/	/
		/	/

3. Have you lived in Minnesota continuously since birth?  Yes  No

4. Dependent Students Only: Did your parents live in MN on the date your FAFSA was completed?  Yes  No

5. Will you receive tuition reciprocity benefits from a neighboring state?  Yes  No

6. Have you lived in MN at least 12 consecutive months without enrolling in 6 or more college credits?  Yes  No

7. Were you relocated directly to MN with an official refugee status?  Yes  No

Refugee only: Have you lived in MN continuously since arriving as a refugee?  Yes  No

8. List all the schools you attended after high school and where each school was located, even if the school is/was not in the U.S. Do NOT include college courses taken during high school (PSEO) or any secondary education.

Name of College/University	State/Country Where School was Located	Attended From (Month/Year)	To (Month/Year)
		/	/
		/	/
		/	/
		/	/
		/	/

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date Form Completed**