

MIDWEST STUDENT EXCHANGE PROGRAM

APPEAL FORM

Notice to Student: Some information requested on this form is classified as private. You are not legally required to provide the information; however, failure to provide it will prevent your request from being considered. Information required on this form will be used only by university officials.

Name _____

Tech ID: _____

Phone: _____ Email: _____

Residence(s) for the past 12 months:

Street address	City	State	Zip	From/to (month & year)
_____	_____	_____	_____	/
_____	_____	_____	_____	/
_____	_____	_____	_____	/

Action by Office of Registration and Academic
Records

Approved Denied

Date _____ Term _____

Residency Coordinator

Initial one box	Qualification	Documentation Required
	I have resided in one of the following states: Indiana, Kansas, Missouri, Nebraska or Ohio for at least 12 months.	<ul style="list-style-type: none"> Explanation of your reasons for residing in one of the following states: Indiana, Kansas, Missouri, Nebraska, or Ohio. Proof of residence (one or more of the following): <ul style="list-style-type: none"> Copies of lease or rental agreement, purchase agreement or deed State income tax for the past year A letter signed and notarized from a resident of the appropriate state verifying that you resided with this person for the past 12 months AND residency verification for that person.
	High school graduate or equivalency from one of the qualifying states: I graduated high school from one of the following states Indiana, Kansas, Missouri, Nebraska or Ohio and was a resident of that state while attending that high school AND I am physically attending Minnesota State University, Mankato.	<ul style="list-style-type: none"> A copy of high school transcript with proof of graduation. OR A copy of GED OR A copy of high school transcript showing 3 years of attendance.

Note to international students: Please complete the Immigrant/Non-Immigrant Intent Form, have it signed by the international student office, and submit it with this form.

I hereby certify that all information provided in support of my request for the Midwest Exchange Program is correct to the best of my knowledge. I further understand that I will be liable for unpaid tuition from my classification as a resident of Minnesota by means of either false statements or materials or concealment of facts.

Date

Signature of student

Submit this form and documentation to the Office of Registration and Academic Records, Minnesota State University, Mankato, 132 Wigley Administration Center, Mankato, MN 56001, registrars-office@mnsu.edu or fax to 507-389-5719. This form must be submitted by the last day of the term for which the classification request is made.

A member of the Minnesota State Colleges and Universities System. Minnesota State Mankato is an Affirmative Action/Equal Opportunity University.

This document is available in alternative format to individuals with disabilities by calling your department or college at 507-389-6266 (V), 800-627-3529 or 711 (MRS/TTY).

Office of Registration and Academic Records, Revised: 9/27/2022
