

Office of Admissions

700 East Seventh Street

Saint Paul, MN 55106

651-793-1302

**Visiting Student Application**

International Institute of Minnesota

English For Work and College Readiness Academy Programs

Year and term of application \_\_\_\_\_\_\_\_ Year  Sum  Fall  Spr

**Personal Information\***

Legal Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First MI Suffix (Jr., Sr., etc.) (mm/dd/yyyy)

Sex: Male Gender Identity:  Man  Woman

Female  Self Identity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Street Address Apt # City State Zip

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(home) (cell)

**High School Information**

School Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Graduation Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Location (city, country): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month/Year of IIMN Program Completion\_\_\_\_\_\_\_\_\_\_\_\_\_

**Race and Ethnicity**  *How would you describe your racial background? (select one or more of the following categories)*

**Are you Hispanic or Latino?** (If yes, please check the box most appropriate regardless of race)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Columbian | Dominican | Guatemalan | Honduran | Mexican/ Mex-American | Puerto Rican | Salvadoran | Other |
| **Are you of Middle Eastern or North African descent?** (If yes, please check the box most appropriate regardless of race) | | | | | | | |
| Algerian | Egyptian | Iraqi | Israeli | Lebanese | Moroccan | Palestinian | Syrian |
| **Asian** (Check the box most appropriate) | | | | | | | |
| Cambodian | Chinese | Filipino | Hmong | Indian | Iranian | Japanese | Karen |
| Korean | Lao | Nepalese | Pakistani | Thai | Other |  |  |
| **American Indian or Alaska Native** | | | | | | | |
| **White**  **Black or African American** | | | | | | | |

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**Student Signature** (required) Date

Metropolitan State University is asking you to provide information that includes private and/or confidential information under state and federal law. **We are asking for this information in order to process your application form.** You are not legally required to provide the information the college/university is requesting; however, the university may not be able to effectively process your application if you do not provide sufficient information.

**If you need this form in another accessible format, or need other accessibility accommodations, please contact the Center of Accessibility Resources at 651-793-1549 or by email at** [***accessibility.resources@metrostate.edu***](mailto:accessibility.resources@metrostate.edu)***.***

To expedite the processing of this application, please include a copy of your **IIMN Certificate of Completion** when submitting this form. Return the application and the copy of the certificate to [admissions@metrostate.edu](mailto:admissions@metrostate.edu) or to the address above.