

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

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 or to the address above.