

### VISITING STUDENT APPLICATION

#### International Institute of Minnesota

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

### CONTACT INFORMATION

Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First MI Suffix (Jr., Sr., etc.) (mm/dd/yyyy)

Address \_\_\_\_\_  
Street Address Apt. # City State ZIP

Email \_\_\_\_\_ Phone \_\_\_\_\_

### HIGH SCHOOL INFORMATION

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

Current High School Grade Level \_\_\_\_\_ Year/Term of IIMN Program Completion \_\_\_\_\_

**Providing the following demographic information is voluntary; it will not be used as a basis for admission.  
Minnesota State will use this data to help strengthen our student retention, success, and completion practices.**

### GENDER

Sex shown on your official documents is the sex listed on birth certificate, driver's license, passport, or other official document.

Female \_\_\_\_\_ Male \_\_\_\_\_ Other \_\_\_\_\_

What is your gender identity?

Gender identity is a person's innermost concept of self as feminine, masculine, neither, or a combination—how individuals perceive themselves. One's gender identity may or may not be influenced by their sex assigned at birth. (Please select all that apply.)

- |   |   |
|---|---|
| <input type="checkbox"/> agender                      | <input type="checkbox"/> two spirit                       |
| <input type="checkbox"/> genderqueer or gender fluid  | <input type="checkbox"/> woman                            |
| <input type="checkbox"/> man                          | <input type="checkbox"/> additional gender identity _____ |
| <input type="checkbox"/> non-binary or non-conforming | <input type="checkbox"/> prefer not to disclose           |
| <input type="checkbox"/> trans                        |   |

### RACE OR ETHNIC BACKGROUND (Please select all that apply.)

#### Are you of Middle Eastern or North African descent?

A person of Algerian, Egyptian, Iraqi, Israeli, Lebanese, Moroccan, Palestinian, Syrian, or other Middle Eastern or North African culture, regardless of race

☐ No ☐ Yes (Please select all that apply.)

- |                                   |                                   |                                      |
|-----------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Algerian | <input type="checkbox"/> Israeli  | <input type="checkbox"/> Palestinian |
| <input type="checkbox"/> Egyptian | <input type="checkbox"/> Lebanese | <input type="checkbox"/> Syrian      |
| <input type="checkbox"/> Iraqi    | <input type="checkbox"/> Moroccan | <input type="checkbox"/> Other       |

## RACE OR ETHNIC BACKGROUND (Please select all that apply.)

### Are you Hispanic or Latino?

A person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture, regardless of race

☐ **No** ☐ **Yes** (Please select all that apply)

- |                                     |  |                                     |
|-------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Colombian  | <input type="checkbox"/> Honduran                    | <input type="checkbox"/> Salvadoran |
| <input type="checkbox"/> Dominican  | <input type="checkbox"/> Mexican or Mexican American | <input type="checkbox"/> Other      |
| <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Puerto Rican                |                                     |

☐ **American Indian or Alaska Native**

A person having origins in any of the original peoples of North, Central, or South America and who maintains tribal affiliation or community attachment

If you are enrolled in a federally recognized American Indian tribe, please indicate your tribal affiliation.

If you are a descendent but not enrolled in a federally recognized American Indian tribe, please indicate your tribal affiliation.

☐ **Asian**

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (Please select all that apply.)

- |                                    |                                   |                                    |                                     |
|------------------------------------|-----------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Indian   | <input type="checkbox"/> Korean    | <input type="checkbox"/> Thai       |
| <input type="checkbox"/> Chinese   | <input type="checkbox"/> Iranian  | <input type="checkbox"/> Lao       | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Filipino  | <input type="checkbox"/> Japanese | <input type="checkbox"/> Nepalese  | <input type="checkbox"/> Other      |
| <input type="checkbox"/> Hmong     | <input type="checkbox"/> Karen    | <input type="checkbox"/> Pakistani |                                     |

☐ **Black or African American**

A person having origins in any of the black racial groups of Africa or the Caribbean (Please select all that apply.)

- |   |                                   |                                 |
|---|-----------------------------------|---------------------------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> Jamaican | <input type="checkbox"/> Somali |
| <input type="checkbox"/> Ethiopian        | <input type="checkbox"/> Liberian | <input type="checkbox"/> Other  |
| <input type="checkbox"/> Haitian          | <input type="checkbox"/> Nigerian |                                 |

☐ **Native Hawaiian/Other Pacific Islander**

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands (Please select all that apply.)

- |  |                                 |
|--|---------------------------------|
| <input type="checkbox"/> Chamorro        | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Fijian          | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Marshallese     | <input type="checkbox"/> Other  |
| <input type="checkbox"/> Native Hawaiian |                                 |

☐ **White**

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

**Student Signature** (required)

**Date**

Metro 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 university is requesting; however, the university may not be able to effectively process your application if you do not provide sufficient information.

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.



**METRO STATE  
UNIVERSITY**

A member of Minnesota State

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