

GRADUATE VISITING STUDENT APPLICATION



How to submit: Send this form with an unofficial transcript from the highest degree-granting institution to graduate.studies@metrostate.edu. Depending on the course(s) you request to take, you may be required to submit additional materials. You will be notified by email when your application has been processed.

Processing of this form does not guarantee approval to register.

Important notes:

1. Visiting students are not eligible for financial aid.
2. A one-time, nonrefundable \$20 application fee is due with tuition payment.
3. Visiting students may not register until open registration.

Please search the Course Schedule to ensure we offer the course(s) of interest.

Please list course(s):

Subject	Course Number
_____	_____
_____	_____
_____	_____

STUDENT INFORMATION

Year and term you wish to enroll? _____ Year Summer Fall Spring Birth Date: _____
(mm/dd/yyyy)

Print current name: _____
Last First Middle Former Last Name(s)

*Social Security Number: _____ Metro State student ID number: _____

Address: _____
Street City State ZIP County

Email address: _____ Phone number _____

RESIDENCY

Are you a Minnesota resident? No Yes

IF YES: number of years _____ months _____ If no, of which state are you a resident? _____

Are you a U.S. Citizen? Yes No

IF NO: type of visa: F1 Other _____ (F1 visa students must be admitted into a degree program)

Permanent Resident (if applicable): Refugee Resident Alien Other _____

SCHOOL INFORMATION

List all degree-granting colleges, universities, or technical colleges attended:

Name	City	State
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

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

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

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 |

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

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

White

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

MILITARY SERVICE

Have you served in the U.S. military?

- No** **Yes**

I certify that the information I have provided on this form is complete, accurate, and true to the best of my knowledge.

Signature: _____ Effective date: _____
(mm/dd/yyyy)

*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 enrollment 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. With some exceptions, unless you consent to further release of private information, access to this information will be limited to school officials, including faculty who have legitimate educational interests in the information. Under certain circumstances, federal and state laws authorize release of private information without your consent.

Contact us: graduate.studies@metrostate.edu | 651.793.1302 | metrostate.edu/gradschool

