

11. Indicate the high school from which you graduated: *(leave blank if you did not graduate from high school)*

Name of School	Location	From (month/year)	To (month/year)

12 List the colleges, universities, or vocational-technical schools you have attended:

Name of Institution	City/State	From	To	Credits Completed Quarter Semester	Degree Received (e.g., AS, BS, MS)

13. **Non-Degree seeking students:** If you are a non-degree seeking student, you are not required to carry health insurance and are not eligible to enroll in the University-sponsored Student Benefit Plan.

Access to Your File (please read carefully)

PRIVACY STATEMENT

The University of Minnesota complies with federal and state laws and regulations. Your information, including your admission status and grades, will NOT be shared with anyone unless you give written consent. If you want the University to disclose or discuss your information with someone other than yourself, you MUST complete the information below. You have the right to inspect your own file. Unless required by federal or state law, no one else may review your file without your written consent. Please note: Our office will not release grade information or application decisions over the phone or via e-mail to anyone, including students.

ACCESS TO YOUR FILE

I hereby authorize the University of Minnesota, Crookston (UMC) to release information in my file to the following person(s):

Name of person(s): _____

Relationship to me: _____

Address: _____

14 *I certify that the information I have provided on this application and in all other admission materials is complete, accurate, and true to the best of my knowledge. I understand that misrepresentation of application information is sufficient grounds for canceling my admission or registration. (Note: You must sign and date your application)*

Applicant's signature _____ **Date** _____

--- REQUEST FOR CONFIDENTIAL INFORMATION ---

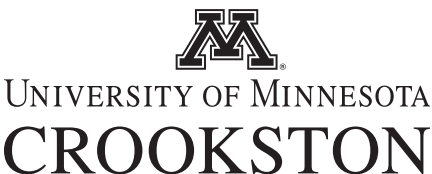
The information requested below is voluntary and will be used for summary reports required for federal and state laws and regulations and to support institutional affirmative action efforts. It will not be used as a basis for admission or in a discriminatory manner. You will not be subjected to adverse treatment if you do not provide any of the requested information.

15. Sex (check one): Male Female

16. Predominant ethnic background (check one):

- African-American (non-Hispanic origin):* a person having origins in any of the black racial groups of Africa (excluding persons of Spanish, Portuguese, Latin American, or other Hispanic origin).
- American Indian or Alaskan native:* a person having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition.
- Asian or Pacific Islander:* a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This includes, for example, China, Japan, Korea, India, the Philippine Islands, and Samoa.
- Chicano:* a person of Mexican-American origins who prefers to be known as Chicano rather than Hispanic.
- Other Hispanic:* a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish or Portuguese culture or origin, regardless of race.
- White, non-Hispanic:* a person having origins in any of the original peoples of Europe, North Africa, or the Middle East (excluding persons of Spanish or Portuguese origin).
- Mutli-ethnic background* (please list): 1) _____ 2) _____

The University of Minnesota is committed to the policy that all persons shall have equal access to its programs, facilities, and employment without regard to race, color, creed, religion, national origin, sex, age, marital status, disability, public assistance status, veteran status, or sexual orientation.



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