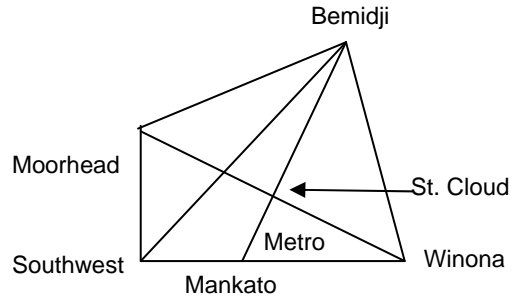


COMMON MARKET PASSPORT

COMMON MARKET DIRECTORS

BEMIDJI.....DAVID CARLSON
 MANKATODAVE GJERDE
 METROCINDY OLSON
 MOORHEAD.....JOHN TANDBERG
 ST. CLOUD.....ANNE FIELDS
 SOUTHWESTPHIL COLTART
 WINONASANDY BENNING



NAME _____ SSN _____ DATE OF BIRTH ____|____|____
Mo Day Yr

MAILING ADDRESS _____ UNTIL _____ PHONE _____
Street City State Zip

HOME ADDRESS _____ PHONE _____
Street City State Zip

HOME COLLEGE _____ HOST COLLEGE _____ SEM/YR _____

REASON _____

MAJOR _____ MN RES ____ NON-RES ____ HOME COUNTRY _____

COURSES REQUESTED (PLACE AN X IN FRONT OF ANY COURSE THAT IS ABSOLUTELY ESSENTIAL, AND AN A IN FRONT OF ALTERNATE OR 2ND CHOICE COURSES)

X/A	DEPT	COURSE NO	SEC	COURSE TITLE	CR	INSTRUCTOR	GRADING OPTION

NOTE: AN OFFICIAL TRANSCRIPT OF THE ABOVE COURSE TRANSACTION(S) WILL BE AUTOMATICALLY RELEASED TO YOUR HOME INSTITUTION AT THE END OF THE SEMESTER

DO YOU WANT RESIDENCE HALL ACCOMMODATIONS? _____ SEX _____ AGE _____
 ADVISOR'S SIGNATURE _____ DATE _____
 COMMON MARKET DIRECTOR'S SIGNATURE _____ DATE _____

REMARKS:	FOR HOST SCHOOL: _____ WE CAN MEET THE REQUEST _____ WE CANNOT MAKE FULL ACCOMMODATIONS SIGNATURE _____ DATE _____ (Host College Common Mkt Director)
----------	---

