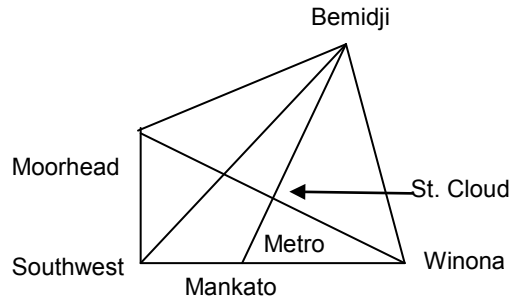


# COMMON MARKET PASSPORT

## COMMON MARKET DIRECTORS

BEMIDJI.....DAVID CARLSON  
 MANKATO .....DAVE GJERDE  
 METRO .....CINDY OLSON  
 MOORHEAD.....JOHN TANDBERG  
 ST. CLOUD.....ANNE FIELDS  
 SOUTHWEST .....PHIL COLTART  
 WINONA .....SANDY 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 2<sup>ND</sup> 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?    Yes    No    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)
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**ATTENTION COMMON MARKET STUDENT!**

**DATA INFORMATION FORM**

The following information is needed while you will be attending your host institution. Please complete even though some information is repeated on the opposite side.

Please FILL IN or CHECK the Proper Items

(Please Use Full Legal Name)

	-		-				
Social Security Number				Name: Last	First	Middle	Maiden

Male	Unmarried	MN Resident
Female	Married	Non-Resident

Ethnic Group  
 Asian or Pacific Islander  
 Am. Indian or Alaska Native  
 Black (Non-Hispanic)  
 Hispanic (Latin or S. American)  
 White (Non-Hispanic)

MM	DD	YY
Birthdate		

Send Grades To:  
 Permanent Address  
 Local Address

**Permanent Address and Phone**

Street Address						
City	State	Zip Code	Area Code	-	Telephone	

County of Permanent Address \_\_\_\_\_

**Local Address and Phone** (Please Complete Even If Same as Above)

Street Address						
City	State	Zip Code	Area Code	-	Telephone	

**Emergency Contact Address and Name**

Permanent Address  
 Local Address

Name: Last	First	Middle

Have you attended your host institution before?    Yes    No  
 If yes, First Quarter/Semester attended:    Qtr/Sem \_\_\_\_\_    Year \_\_\_\_\_