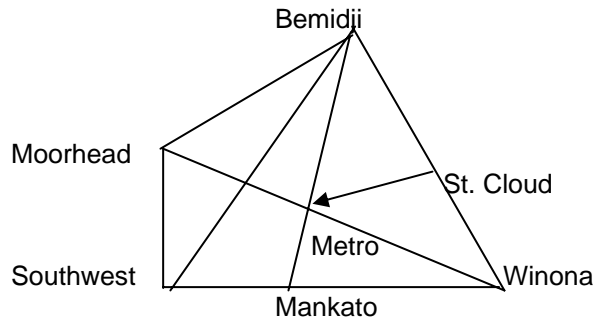


COMMON MARKET PASSPORT

COMMON MARKET DIRECTORS

BEMIDJI.....DAVID CARLSON
 MANKATO.....DAVE GJERDE
 METRO.....MARY PARTRIDGE
 MOORHEAD.....JAYNE WASHBURN
 ST. CLOUD.....MARY PEYERL
 SOUTHWEST.....PATRICIA CARMODY
 WINONA.....SANDRA 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	SECTION	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 TERM.

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

REMARKS:	<p style="text-align: center;">FOR HOST SCHOOL:</p> <p>_____ WE CAN MEET THE REQUEST</p> <p>_____ WE CANNOT MEET FULL ACCOMMODATIONS</p> <p>SIGNATURE _____ DATE _____ (Host College Common Market Director)</p>
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(COMPLETE REVERSE SIDE ALSO)

DATA INFORMATION FORM

Please FILL IN or CIRCLE the Proper Items

ATTENTION COMMON MARKET STUDENT!

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.

_____-_____-_____
Social Security Number

Year/Term _____

Birthdate: ____/____/____
Year Mo Day

Gender Male Female

Ethnic Group

- 1 African American
- 2 Asian or Pacific Islander
- 3 Caucasian
- 5 Hispanic
- 6 Native American or Alaskan Native

U.S. Citizen Yes No

County of Permanent Address _____

- 1 Minnesota Resident
- 2 Non-Resident

Have you attended your host institution before?
If yes, please indicate first term attended.

Name _____
Last First Middle Previous

Permanent Address and Phone Number

Apt # Street Address

City State Zip

(_____) _____
Area Code Telephone **E-mail address** _____

Local Address and Phone Number

Apt # Street Address

City State Zip

(_____) _____
Area Code Telephone

Emergency Contact Name and Phone _____

Yes _____ No _____
Term _____ Year _____

Signature _____

Date _____