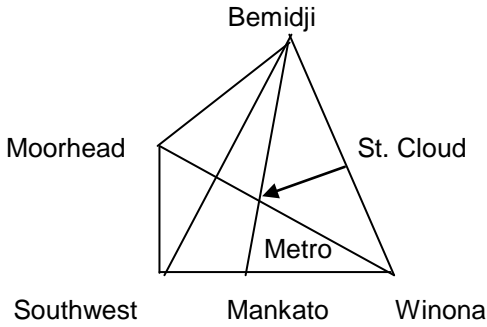


COMMON MARKET PASSPORT



SCSU ID#

Email Address

NAME _____ 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 E-TRANSCRIPT SHOULD BE PULLED BY THE 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:	FOR HOST SCHOOL: _____ WE CAN MEET THE REQUEST _____ WE CANNOT MEET FULL ACCOMMODATIONS SIGNATURE _____ DATE _____ (Host College Common Market Director)
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(COMPLETE REVERSE SIDE ALSO)

DATA INFORMATION FORM

ATTENTION COMMON MARKET STUDENT!

Year/Term _____

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.

_____ Name _____
SCSU ID # Last First Middle Previous

Permanent Address and Phone Number

_____ Apt. #
Street Address

_____ Zip
City State

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

Local Address and Phone Number

_____ Apt. #
Street Address

_____ Zip
City State

(_____) _____
Area Code Telephone

Emergency Contact Name and Phone _____

Birth date: ____/____/____
Year Mo Day

Gender ____ Male ____ Female

Ethnic Group

- ____ African American
- ____ Asian or Pacific Islander
- ____ Caucasian
- ____ Hispanic
- ____ Native American or Alaskan Native

U.S. Citizen ____ Yes ____ No

County of Permanent Address _____

- ____ Minnesota Resident
- ____ Non-Resident

Have you attended your host institution before? Yes _____ No _____

If yes, please indicate first term attended. Term _____ Year _____

Signature _____ Date _____