



GO Minnesota Application

Personal Information

Family Name _____

Given Name _____

Middle Name _____

Date of Birth (MM/DD/YY) _____

Gender: ☐ Male ☐ Female

Contact Information

Current Phone _____

Alternate Phone _____

Email Address _____

Permanent Home Country Address

Permanent Address: _____

City, State _____

Country _____

Zip/Postal Code _____

Permanent Address Same as Current Mailing Address:

☐ Yes ☐ No

If "Yes", skip to the next section.

Mailing Address _____

City, State _____

Country _____

Zip/Postal Code _____

Primary Emergency Contact Information

Name (First and Last Name) _____

Relationship to applicant _____

Permanent Address _____

City _____

Country _____

Zip/ Postal Code _____

Emergency Home Phone _____

Emergency Mobile Phone _____

Secondary Emergency Contact Information

Name (First and Last Name) _____

Relationship to applicant _____

Permanent Address _____

City _____

Country _____

Zip Code _____

Emergency Home Phone _____

Emergency Mobile Phone _____

Citizenship

Country of Citizenship _____

Country of Permanent Residency _____

Country of Birth _____

Visa Information

Are you currently in the US on a visa?

☐ Yes ☐ No

If you are not a U.S. citizen, but you are currently in the U.S., what type of visa do you have?

- ☐ F-1 Visa
- ☐ F-2
- ☐ J-1
- ☐ J-2
- ☐ Perm Resident Granted – Permanent Residence
- ☐ Other
- ☐ None / Not applicable

Is English your native language?

☐ Yes ☐ No

I hereby authorize the University of Minnesota to release information in my file to the following person, or organization: **College Contact GmbH**

Date

Sign above

Program Information

Program Type:

- ☐ Minnesota Undergraduate Semester ☐ Minnesota Undergraduate Academic Year
☐ Minnesota Graduate Semester ☐ Minnesota Graduate Academic Year
☐ Add-on Toronto Internship

I am interested in the Toronto internship program. Additional documentation required.

Term

☐ Fall _____ ☐ Spring _____ ☐ Summer _____

Marketing

How did you learn about the GO Minnesota program?

- ☐ International office at your home university
☐ Professor at your home university
☐ A past participant of GO Minnesota
☐ An educational agent (e.g. College Contact)
☐ Online search engine (e.g. Google)
☐ University of Minnesota Website
☐ GO Minnesota Information Session in your home country
☐ Other. Please describe: _____

Educational Agent

Did you use an educational agent to apply to GO Minnesota? If so, please tell us who you are working with:

_____ College Contact GmbH _____

Education

Graduate institution attended, if applicable.

Name of Institution _____

City _____

Country _____
Start Date (Month/Year) _____
End Date (Month/Year) _____

Undergraduate institution

Name of Institution _____
City _____
Country _____
Start Date (Month/Year) _____
End Date (Month/Year) _____

Current Courses

If not shown on your transcript, please provide a list of courses that you are currently enrolled in at your home institution. Add the course name and a short description for each class. Example: HIST 1000 Visions of the Past: Thematic Approaches to Understanding History.

Course 1 _____
Course 2 _____
Course 3 _____
Course 4 _____
Course 5 _____
Course 6 _____

Self-Reported Test Scores

TOEFL

Which type of test did you take? ☐ Paper-Based ☐ Internet-Based (iBT)

Registration Number: _____

Email Address you used for TOEFL registration: _____

Date Taken (MM/DD/YY): _____

Reading: _____ Listening: _____ Speaking: _____ Writing: _____

Test of Written English (TWE): _____

TOEFL Total Score: _____

Exam Type: ☐ iBT ☐ CPT ☐ P/B

IELTS

Test Report Form Number: _____

Date Taken (MM/DD/YY): _____

Overall Band Score: _____

Listening: _____ Reading: _____ Writing: _____ Speaking: _____

Other

If you have completed a test different from those listed above which has been approved by your education agent and GO Minnesota, you may list it below. Please note, if you are accepted into the GO Minnesota program, you will be required to test your English again once you arrive in Minnesota.

Date Taken (MM/DD/YY): _____

Overall Score: _____

Listening: _____ Reading: _____ Writing: _____ Speaking: _____

Housing

You can choose from University Housing or Off-Campus Housing:

University Housing

Students will live in University Village Apartments with other international and domestic students. The apartments are located close to classroom buildings as well as near libraries, shopping, and recreational areas. Residents are able to participate in social, educational, cultural and recreational opportunities, and benefit from the services, skills and time of a committed staff on-site. There is also an optional meal plan available.

- You must apply for University housing by May 1 for Summer Session, May 15 for Fall Semester, and December 1 for Spring semesters. GO Minnesota will provide application information in your acceptance letter.
- **Space is limited for University Housing; apply early**

Off-Campus Housing

There are many housing complexes near campus to choose from. You are responsible for securing your own housing. GO Minnesota will assist you in identifying resources to help you with the process. You can find helpful information at: <https://hrl-ochls.oit.umn.edu/ochls/>

Please indicate your housing preference:

- ☐ University Housing
- ☐ Privately-owned Housing

Documents

Check if you have the following documents included in your application:

- ☐ Educational Statement (Motivational letter)
- ☐ Transcript of Records Graduate (if applicable)
- ☐ Transcript of Records Undergraduate
- ☐ English proficiency test scores
- ☐ Financial Certification Statement (Minnesota Semester Only)
- ☐ Course Selection Form
- ☐ Copy of your passport
- ☐ Letter of Recommendation (optional)
- ☐ Resume/CV (For Toronto Internship applicants only)
- ☐ Cover Letter (For Toronto Internship applicants only)

Application Payment

Pay the \$75 application fee by credit or debit card.

Credit Card Number _____

Please choose one: ☐ VISA ☐ MasterCard ☐ American Express

Expiration Date _____

Card Code _____

Cardholder's Name _____

Relationship to Student _____

Cardholder's Signature _____

Date _____

Important Information

I hereby permit College Contact to submit the information which I have provided on this form to the University of Minnesota via an electronic online application form created and maintained by the University of Minnesota.

☐ Yes ☐ No

I certify that I have read and understand the attached Terms of Use.

☐ Yes ☐ No

I acknowledge that upon creating the account by College Contact, all information will be immediately available to the institution.

☐ Yes ☐ No

Contact and Privacy Preferences

Mailing List Preferences

May we contact you about future opportunities? You will only be contacted by programs whose courses or conferences you have attended.

- ☐ Yes, by any method
- ☐ Yes, but only by the following methods (please check the methods that we may use to contact you)
- ☐ E-Mail
 - ☐ Mail
- ☐ No, please do not contact me

Selecting "Yes" allows the University of Minnesota to send you information about course and program offerings. Your information will not be shared with outside parties. You may change your selection at any time. More on privacy & policy.

Privacy Policies

The Family Educational Rights and Privacy Act (FERPA) is a United States law that protects the privacy of student records. The University of Minnesota must have your permission to release non-public information.

The Employer/Affiliation entered above may allow you to have your employer/group billed or to take advantage of membership discounts (if applicable) when you enroll for courses. If you choose these options, you are providing permission for your personal information to be shared with that employer or group contact. This choice will be presented to you each time you enroll.

Please write your initials into each of the boxes below to indicate that you have read and understand these privacy policies:

I understand that the University of Minnesota abides by FERPA regulations and will not release my student information unless I expressly give the University of Minnesota permission to do so.

I understand that if I choose one of the following:

- Affiliate my course enrollment(s) with a company or group, OR
- Request that my company or group be billed directly for my courses

The University of Minnesota will release the following enrollment details to the appropriate company or group: my account number, my student type, my course(s), course schedule(s), delivery method(s) and location(s), units, tuition amount(s), and fees due.

For additional information or assistance, please contact the program that offers your class. Use the Program menu to find web links and contact information for your program.

Applicant's Signature

I hereby certify that the information provided in this application is true and correct.

Signature

Date
