

Common Market Passport



Registrar's Office
 700 East Seventh Street
 Saint Paul, Minnesota 55106-5000
 E-mail: records.registration@metrostate.edu
 Phone: 651-793-1300

Participating universities:

- Bemidji State University
- Metropolitan State University
- Minnesota State University, Mankato
- Minnesota State University, Moorhead
- Southwest State University
- St. Cloud State University
- Winona State University

Who needs to use this form?

Undergraduate students who wish to participate in the Common Market Passport program. For more information, refer to: <http://bit.ly/dUY6jh>

To qualify, students must have at least a 2.0 GPA and be classified as at least an sophomore. Courses taken on a Common Market basis are limited to two consecutive semesters.

Important Notes

- All course withdrawals must be immediately reported to the home institution, and may affect financial aid eligibility.
- Students must make arrangements to have any financial aid sent to Common Market university.
- Credits earned are considered resident credits of the student's home university.

How to Submit

Complete sections one and two. Submit the form to Metropolitan State University's Registrar's Office by mail or in-person to the address above.

Section 1 - Student Information

Name: _____
Last First Middle

Permanent Address: _____
Street City State Zip Code

Social Security Number: _____ Student e-mail address: _____@_____.edu

Phone (with area code): (H) _____ - _____ - _____ (W) _____ - _____ - _____ (C) _____ - _____ - _____

Home university: _____ Major: _____

University you wish to attend: _____ Term/Year: Fall Spring Summer / 20____

Reason you wish to participate in the Common Market Program: _____

Section 2 - Course Requests

| Course ID | Course Section | Title of Course | Credits | Office Use Only |
|-------------------|--------------------|--------------------------|----------|-----------------|
| <i>Ex: 000028</i> | <i>DSCI 630 01</i> | <i>Project Risk Mgmt</i> | <i>4</i> | |
| | | | | |

Advisor's signature: _____ Date: ____ / ____ / ____
MM DD YYYY

Section 3 - Office Use Only

Registrar's office signature: _____ Date: ____ / ____ / ____
MM DD YYYY

- We can meet your request. We will forward an official transcript to your home institution when Common Market enrollment is complete.
- We cannot meet your request due to:

Residency/reciprocity status: _____