

Minnesota Residency Verification Form

To be considered for funding through the Minnesota Office of Higher Education, the Financial Aid Office must verify that you meet the Minnesota state residence and term limit requirements established by the state legislature. This form is required for all graduate/professional students and must accompany the grant application.

Name (First, Middle, Last)	Phone Number	St. Thomas ID Number
Permanent Street Address	City, State, Zip Code	
1. Provide your high school address (city and state) and the year that you received your high school diploma:		
City _____ State _____ Date of high school graduation: ____/____/____ Month Year		
2. Please provide the address at which you resided when you received your high school diploma:		
Street Address _____ City _____ State _____ Zip Code _____		
3. If you did not graduate from high school, did you earn your G.E.D.? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, in which state? _____ Date: ____/____/____ Month Year		
4. Have you (the student) maintained continuous residency in the State of Minnesota since birth? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, go to question 6		
5. Please list all of the states (or countries) in which you have resided, including the State of Minnesota , your dates of residence and your reason for residing in each location (e.g. college, employment, military service, place of birth, etc.). Please indicate if any of the following reasons for residing in Minnesota apply to you or your spouse: you relocated to MN because your spouse is a MN resident, you/your spouse are serving active federal military service in MN, your spouse is a veteran who is a MN resident, relocation to MN from presidential disaster area within 12 months of disaster declaration, or immediate relocation to Minnesota as refugee from another country.		
NAME OF STATE/COUNTRY	DATES OF RESIDENCE	REASON FOR RESIDING IN LOCATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
6. List all graduate/professional schools attended after completion of a bachelor's degree and the dates of attendance for each school. Include all graduate/professional institutions even if the credits were not transferable or you were only enrolled at the institution for one term (e.g., summer school, etc.). If you withdrew from college during a term due to a major illness while under the care of a physician, you withdrew for active military service after December 31, 2002, or you withdrew due to the impact of COVID-19 please make note of this and provide the necessary documentation to the Financial Aid Office. Please list all colleges attended, even if you do not wish to transfer credits from that institution.		
NAME OF GRADUATE/PROFESSIONAL SCHOOL	DATES OF ATTENDANCE	
_____	_____	
_____	_____	
_____	_____	
<input type="checkbox"/> I have not attended any graduate/professional schools.		
7. If you are currently residing outside of Minnesota, are you enrolled in a distance education program offered by a Minnesota college?		
<input type="checkbox"/> No <input type="checkbox"/> Yes		
8. You must sign this form certifying that the information you are providing is true.		
X Signature _____ Date Signed _____		
FOR OFFICE USE ONLY		
Residency: <input type="checkbox"/> Yes <input type="checkbox"/> No MN Grad/GED <input type="checkbox"/> Yes <input type="checkbox"/> No ATR Reviewed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible		

University of St. Thomas
Financial Aid Office - Mail 5007
2115 Summit Avenue
St. Paul, MN 55105-1078
Telephone (651) 962-6550
Fax (651) 962-6599

University of St. Thomas
Graduate Financial Aid Office
Terrence Murphy Hall, Suite 251
1000 LaSalle Avenue
Minneapolis, MN 55403

Scan completed form and e-mail to financialaid@stthomas.edu