

UMD INTERNATIONAL STUDENT RESIDENT TUITION WAIVER

PERSONAL INFORMATION

DATE: _____ Female Male

Name (Last,First, Middle): _____

Address: _____

City: _____ State/Country: _____

Email: _____

Intended Major: _____

Student Signature (authorizing release of academic records):

PERSONAL STATEMENT

1) Please state the reason(s) that you are applying for this financial support. Please tell us your story - How did you come to apply to UMD and what barriers/challenges do you face?

2) Tell us about any community activities in your home country or in the United States in which you participate. Also indicate any awards or honors you have received from high school, university, and/or from your community

3) Describe any leadership experience you have (in classrooms, groups activities) from high school and/or a university.

Upon completion of this form, attach letters of recommendation and your personal statement. Mail these materials to UMD no later than March 1st, 2017

David Norman
Office of Admissions
University of Minnesota Duluth
25 Solon Campus Center
1117 University Drive
Duluth, MN 55812-3000

Or email them to David Norman
at Norma240@d.umn.edu

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