



OFFICE OF THE MINNESOTA  
SECRETARY OF STATE

## APPLICATION FOR REGISTRATION / RENEWAL OF A MINNESOTA STUDY ABROAD ORGANIZATION FOR THE PLACEMENT OF MINNESOTA STUDENTS IN STUDY ABROAD PROGRAMS

**Note:** This application is required to be filed with the Office of the Secretary of State pursuant to Minnesota Statute 5A.03, Subd. 2. Registration with the Secretary of State must not be considered or represented as an endorsement of the program provider.

***Read the instructions before completing this form.***

**1. The name, address and telephone numbers of the program's provider, its chief executive officer, and the person within the provider's organization who is primarily responsible for supervising programs within the state of Minnesota.**

**A. Program Provider (name)** \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**B. Chief Executive Officer** \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**C. Responsible Officer for Minnesota Placement** \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**2. The program provider's unified business identification number, if any:** \_\_\_\_\_

**3. The program provider is exempt from federal income tax:** Yes \_\_\_\_\_ No \_\_\_\_\_

**4. Minnesota Statute 5A.03, Subd.2 requires the following documentation submitted with this registration:**

**A.** A list of the program provider's placements in foreign countries for the previous school year including the number of Minnesota students placed, where Minnesota students were placed, and the length of their placement

**B.** The terms and limits of the medical and accident insurance available to cover participating students and the process for filing a claim

**5. Required Signatures:**

**A.** Chief Executive Officer \_\_\_\_\_ Date: \_\_\_\_\_

**B.** Responsible Officer for Minnesota Placement \_\_\_\_\_ Date \_\_\_\_\_

**INSTRUCTIONS FOR THE APPLICATION/RENEWAL**  
**PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK.**

All sections of the form must be completed.

1. List the name, address and telephone number of the program's provider, its chief executive officer and the person within the provider's organization who is primarily responsible for supervising programs within the state of Minnesota.
2. List the program provider's unified business identification number, if any.
3. Check whether the program provider is exempt from federal income tax.
4. Attach (a) A list of the program provider's placements in foreign countries for the previous school year including the number of Minnesota students placed, where Minnesota students were placed, and the length of their placement; and (b) The terms and limits of the medical and accident insurance available to cover participating students and the process for filing a claim.
5. The Chief Executive Officer and Responsible Officer for Minnesota Placement must sign & date the form.

FILE IN-PERSON OR MAIL TO:

Minnesota Secretary of State-Business Services  
Retirement Systems of Minnesota Building  
60 Empire Drive, Suite 100  
St Paul, MN 55103

(Staffed 8:00 – 4:00, Monday – Friday, excluding holidays)

All of the information on this form is public. Minnesota law requires certain information to be provided for this type of filing. If that information is not included, your document may be returned unfiled. This document can be made available in alternative formats, such as large print, Braille or audio tape, by calling (651) 296-2803/voice. For a TTY/TTD (deaf and hard of hearing) communication, contact the Minnesota Relay Service at 1-800-627-3529 and ask them to place a call to (651) 296-2803. The Secretary of State's Office does not discriminate on the basis of race, creed, color, sex, sexual orientation, national origin, age, marital status, disability, religion, reliance on public assistance or political opinions or affiliations in employment or the provision of service.