ADMISSION APPLICATION UPDATE FORM

University of Minnesota Twin Cities

If you would like to change any of the information you provided to us when you applied for admission, or would like to add information to your application, please complete the information in the shaded box, complete any of the sections that are applicable to you, sign the form, and mail it to the address noted below.

Name

first name   middle initial   last name

Social Security number*   Date of birth*   U of M ID# (if known)

☐ ☐ ☐ - ☐ ☐ - ☐ ☐ ☐ ☐   ☐ ☐ / ☐ ☐ / ☐ ☐ ☐ ☐   ☐ ☐ ☐ ☐ ☐ ☐ ☐

I am a: ☐ Freshman applicant ☐ Transfer applicant ☐ International applicant (freshman or transfer)

☐ Update my term

I previously applied for admission for: _____ / _____ .
                                 term   year

I would like to be considered for admission for:

☐ Fall semester 2024

☐ Spring semester 2024

Note: Not all transfer colleges admit students for spring semester. Visit z.umn.edu/transferdeadline for specific college deadlines.

☐ Prior to my requested term of enrollment, I am/will be attending:

_____
name of school

On a separate sheet, list all college courses now in progress or that you plan to take.

☐ I am not currently taking, nor do I plan to take, any courses before enrolling.

☐ Change my major choice

My intended major is:

_____

If you have a specific U of M college of interest, inidicate it here:

_____

Please include on a separate sheet a description of your academic and/or career goals.

☐ Add information to my application

Please include on a separate sheet any additional information you would like us to consider.

☐ Grant access to my application

I authorize the University of Minnesota to give information about my application file, admission, or scholarship status to the following person(s):

_____
name   relationship to you

_____
email address

_____
name   relationship to you

_____
email address

☐ Update my contact information

_____
address

_____
city   state

_____
ZIP code   country

_____
phone

_____
email

Please sign below and mail this form to:

Office of Admissions
University of Minnesota
240 Williamson Hall
231 Pillsbury Drive S.E.
Minneapolis, MN 55455-0213

Questions? Call 1-800-752-1000 or 612-625-2008

Applicant's signature

_____
signature

_____
date

UNIVERSITY OF MINNESOTA

* Submission of Social Security number and date of birth are voluntary and will be used for positive identification only. There are no consequences for not providing this information.

The University of Minnesota is an equal opportunity educator and employer.