

# 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 2018

Spring semester 2018 (transfer admission only)

Note: Not all colleges admit students for spring semester.

See [http://admissions.tc.umn.edu/admissioninfo/trans\\_deadlines](http://admissions.tc.umn.edu/admissioninfo/trans_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, indicate 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.



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.

## 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