

# UNIVERSITY OF MINNESOTA

## ADDITIONAL UNDERGRADUATE DEGREE PROGRAM APPLICATION

### DIRECTIONS

Use this form if you are a currently enrolled student and you:

- want to apply for admission to an additional undergraduate degree program in another college; **and**
- wish to be enrolled in both degree programs at the same time.

For example, use this form if you are currently completing a B.A. degree in the College of Liberal Arts, and you want to complete a B.S. degree in the College of Biological Sciences at the same time. If you are accepted into the additional degree program, you will need to complete all of the requirements for both degrees.

**Do not use this form if:**

- you want to change your major or add a second major in another college; **or**
- you have completed an undergraduate degree, and you wish to return to complete an additional undergraduate degree.

In these cases, contact your college (or the college you wish to return to) for forms and procedures.

**Fill out this form completely, or it may be returned to you. To ensure privacy online, open in Adobe Reader (free at Adobe.com). Please use blue or black ink to add the required signature in PART D.**

**Return this form**

**By mail to:**

One Stop Student Services  
University of Minnesota Twin Cities  
333 Bruininks Hall  
222 Pleasant St. S.E.  
Minneapolis, MN 55455-0239

**On campus at:**

333 Bruininks Hall

**By fax:**

612-624-4943

**Questions?**

Phone: 612-624-1111

TTY (hearing impaired): 612-626-0701

E-mail: onestop@umn.edu

PART A. Student background		
Name (last, first, middle)	University ID	
Current mailing address (street, apartment or P. O. box number, city, state, ZIP Code, country)		
University e-mail  @umn.edu	Phone (include area code)	
PART B. Current college, degree, and major		
Current college	Current degree (e.g., B.A., B.S.)	Current major (and minor, if applicable)
PART C. Additional college, degree, and major		
Additional college to which you are applying	Additional degree (e.g., B.A., B.S.)	Additional major (and minor, if applicable)
Term and year you want to begin the additional degree <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer      year _____	Expected term and year of graduation <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer      year _____	
PART D. Student signature		
Student signature	Date	

### For office use only

Decision		Conditions	Date
<input type="checkbox"/> accepted	<input type="checkbox"/> not accepted		
received date: _____ initials: _____	referred date: _____ initials: _____	decision date: _____ initials: _____	letter sent date: _____ initials: _____

For accommodation, please call the Disability Resource Center at 612-626-1333. The University of Minnesota is an equal opportunity employer and educator. This form is printed on paper made from no less than 20 percent post-consumer waste.