

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
130 West Bank Skyway
130 Coffey 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		Expected term and year of graduation
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer year _____		<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 <input type="checkbox"/> accepted <input type="checkbox"/> not accepted		Conditions	Date
received	referred	decision	letter sent
date: _____	date: _____	date: _____	date: _____
initials: _____	initials: _____	initials: _____	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.