

## APPLICATION FOR UNDERGRADUATE CHANGE OF CAMPUS

If you want to transfer from one college to another within the University of Minnesota Twin Cities, please visit <http://z.umn.edu/changeapps>

**DIRECTIONS**—Use this application to request a change from your current University of Minnesota campus to a different undergraduate program and campus at the University. Please print clearly and complete each section thoroughly. Incomplete applications will delay processing and admission decisions. If you have never attended a U of M campus as a degree-seeking student, you must apply through the admissions office on the campus you wish to attend.

### APPLICATION SUPPLEMENTS ARE REQUIRED BY THE FOLLOWING TWIN CITIES PROGRAMS

- Carlson School of Management—available at <http://z.umn.edu/csomtransfer>
- Medical Laboratory Sciences—available at <http://z.umn.edu/mlstransfer>
- College of Education and Human Development—available at <http://z.umn.edu/cehdtransferadmissions>
- Dental Hygiene—available at <http://z.umn.edu/dhtransfer>
- School of Nursing—available at <http://z.umn.edu/nursetransferadmissions>

### ADDITIONAL INSTRUCTIONS

- Applications for the programs on the Twin Cities campus are not accepted for every term. Check online (<http://z.umn.edu/changeapps>) for more information.
- If you have attended any post-secondary institution **other than the University of Minnesota (all campuses)**, you must submit an official transcript from each institution (in a signed and sealed envelope with this application).
- This application is valid only for the year and term you indicate. If admitted, you must register in your new program to complete your transfer. Failure to register will nullify your admission, and you will be required to file a new application.
- If you have already registered for the next term, you must cancel all classes on your old campus after you are admitted to your new campus. You will not be able to register in your new campus until you have canceled those classes.
- If you choose to apply to more than one college within a campus, you will need to submit a separate form for each. If you are accepted to both colleges, you will be contacted in order to confirm that you are admitted to your first choice college.
- If you wish to withdraw this application, you must notify the Registrar's office on the campus to which you have applied or you will not be able to continue in your current college.

### ADMISSION DECISION

Admission decisions and notifications for all programs usually take place 4-6 weeks after the deadline for the term. Applications to the following Twin Cities programs are pooled: Dental Hygiene; Medical Laboratory Sciences; Mortuary Science; Nursing; Carlson School; and College of Design. Action will be taken only after the college admission committee has reviewed all applications.

### PLEASE MAIL OR DROP OFF APPLICATION TO THE CAMPUS TO WHICH YOU ARE APPLYING

<b>Crookston</b> <b>Office of Admissions</b> 170 Owen Hall 2900 University Ave Crookston, MN 56716	<b>Duluth (by mail)</b> <b>One Stop Student Services Center</b> University of Minnesota Duluth 1049 University Drive Duluth, MN 55812-3011	<b>Twin Cities</b> <b>(by email)</b> <a href="mailto:otr@umn.edu">otr@umn.edu</a>
<b>Morris</b> <b>Office of the Registrar</b> 212 Behmler Hall 600 East 4th Street Morris, MN 56267	<b>Duluth (in person)</b> <b>One Stop Student Services</b> 23 Solon Campus Center 1117 University Drive Duluth, MN 55812	<b>(by mail &amp; in person)</b> <b>Office of the Registrar</b> 200 Fraser Hall 106 Pleasant St SE, Minneapolis, MN 55455
	<b>Rochester</b> <b>Office of Admissions</b> 300 University Square, Suite 326 111 South Broadway Rochester, MN 55904	<b>West Bank (in person)</b> <b>One Stop Student Services</b> 130 West Bank Skyway 219 19th Avenue S Minneapolis, MN 55455

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<b>office use only</b>	application # _____	initial _____	date _____
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To ensure privacy online, open in Adobe Reader (free at Adobe.com). Please add the required signature(s) in blue or black ink.

**PART A. Student information**

Name Last		First	Middle	
ID number	Birthdate (mm/dd/yyyy)	Email address		Fax number
Current mailing address (include apartment number)		City	State	Zip code ( )
Permanent mailing address (if different from above)		City	State	Zip code ( )
State of legal residency	How long have you lived in that state?	Are you an international student? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, what is your visa type? <input type="checkbox"/> F-1 <input type="checkbox"/> F-2 <input type="checkbox"/> J-1 <input type="checkbox"/> Other: _____		

**PART B. Transfer information**

Transfer from (U of M campus)	Transfer from (U of M college)	Current major	Term and year you last attended this college <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 20__
Transfer to (U of M campus)	Transfer to (U of M college)	Major(s) desired	Term/year you want to begin (check only one) <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 20__

Have you attended any post-secondary institutions other than the University of Minnesota (any campus)?  yes  no  
If yes, list the institution's name, location, and dates attended below. You may need to provide official transcripts (see instructions).

Institution	Location	Dates attended
		_____ to _____
		_____ to _____

List the classes you have in progress. **Exclude University of Minnesota classes.** When completed, forward official transcripts to the University of Minnesota.

Term/year	Department	Course number	Course title	Credits	Term/year	Department	Course number	Course title	Credits

**PART C. Certification**

Student signature	Date
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office use only		decision <input type="checkbox"/> accepted <input type="checkbox"/> not accepted		conditions	by	date	notes
Academic program:		Academic plan:		Subplan:			
application received: date: _____ initials: _____	application referred: date: _____ initials: _____	application decision: date: _____ initials: _____	application matriculated: date: _____ initials: _____				
term activation: date: _____ initials: _____	discontinue: date: _____ initials: _____	letter sent: date: _____ initials: _____					

