

Application for Undergraduate Change of Campus

- To transfer to **Crookston** from another UMN campus, go to admissions.crk.umn.edu/apply.
- To transfer to **Duluth** from another UMN campus, go to d.umn.edu/undergraduate-admissions/apply.
- To transfer to **Rochester** from another UMN campus, go to r.umn.edu/apply
- To transfer from one college to another **within the Twin Cities** campus, go to z.umn.edu/changeapps.

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 z.umn.edu/csomtransfer
- Medical Laboratory Sciences—available at z.umn.edu/mlstransfer
- College of Education and Human Development—available at z.umn.edu/cehdtransferadmissions
- Dental Hygiene—available at z.umn.edu/dhtransfer
- School of Nursing—available at 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 to or drop off your application with the campus to which you are applying

<p>Crookston Apply online: admissions.crk.umn.edu/apply</p> <p>When you apply to transfer from another UMN campus to Crookston you will not be charged an application fee.</p>	<p>Morris (by email) admissions@morris.umn.edu</p> <p>(by mail or in person) Office of Admissions 600 East 4th Street Morris, MN 56267</p>	<p>Rochester Apply online:</p> <p>To transfer to Rochester from another UMN campus, visit r.umn.edu/apply</p>
<p>Duluth Apply online: www.d.umn.edu/undergraduate-admissions/apply</p> <p>When you apply to transfer from another UMN campus to Duluth you will not be charged an application fee.</p>		<p>Twin Cities (by email) otr@umn.edu</p> <p>(by mail & in person) Office of the Registrar 160 Williamson Hall 231 Pillsbury Dr. SE Minneapolis, MN 55455-0252</p>

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Use this application to request a change from your current University of Minnesota campus to a different undergraduate program and campus at the University. Refer to the instruction sheet on the first page of this pdf document.

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office use only	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
				Phone number ()
Permanent mailing address (if different from above)		City	State	Zip code
				Phone number ()
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: _____					

To request copies of this form in an alternative format, please call Disability Resource Center liaison at 612-625-6166. 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.



Please recycle.