

APPLICATION FOR NON DEGREE ADMISSION

Twin Cities campus

All information on this form is private. Items prefaced by boldface numerals (e.g., **1**) are required; they will be used for identification, to determine admission, and to establish your University academic record if you are admitted. The remaining items, including Social Security number, are voluntary and will be used for positive identification, advising and counseling, course placement, and institutional research. Failure to provide this information will have no effect on the admission decision. Information will be shared with offices within the University for the uses described above and may be released outside the University to organizations conducting studies on its behalf.

PERSONAL INFORMATION

1 Full name (last, first, middle)		
Former name if any (last, first, middle)		
2 U.S. Social Security number		3 Date of birth (mm/dd/yy)
4 Current mailing address (street, city, state, Zip Code)		Home phone ()
		Work phone ()
5 Permanent mailing address (street, city, state, Zip Code)		Phone at perm. address ()
6 Country of birth		7 Country of citizenship <input type="checkbox"/> United States <input type="checkbox"/> Other. Specify: _____

8 If not U.S. citizen, type of visa: <input type="checkbox"/> Permanent resident <input type="checkbox"/> Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> F-1: 1-20 Admission number: _____ <input type="checkbox"/> Other. Specify: _____	
9 Is English your native language? <input type="checkbox"/> Yes <input type="checkbox"/> No. Have you taken the MELAB or TOEFEL? <input type="checkbox"/> No <input type="checkbox"/> Yes. Date: _____; have official copies been sent to U of M? <input type="checkbox"/> No <input type="checkbox"/> Yes. Date: _____	
10 State in which you claim legal residency	How long have you lived in that state? (years, months)
11 List employment, beginning with most recent. (Including military service and military home of record.)	
EMPLOYER OR ORGANIZATION	CITY/STATE
FROM	TO (mm/yy)
TYPE OF WORK	
12 Are you a U of M Employee? <input type="checkbox"/> No <input type="checkbox"/> Yes. What category? <input type="checkbox"/> Staff <input type="checkbox"/> Faculty <input type="checkbox"/> Other: _____	

EDUCATIONAL PLANS

13 Term and year you wish to begin: <input type="checkbox"/> Fall (September) <input type="checkbox"/> Spring (January) Year _____			
14 College to which you are applying (e.g., Liberal Arts, College of Design)			
15 Classes you plan to take			
16 What is your objective in registering as a non-degree student <input type="checkbox"/> To prepare for graduate or professional school. Indicate the school and field: _____ <input type="checkbox"/> To seek further education without any degree plans <input type="checkbox"/> Other. Specify: _____			
17 Have you ever applied to any campus of the University? (e.g., Crookston, Duluth, Morris, Twin Cities) <input type="checkbox"/> No <input type="checkbox"/> Yes. University ID number (if known): _____			
If you have attended U of M classes, list campus(es) and dates of attendance:			
	CAMPUS	FROM (mm/yy)	TO (mm/yy)
Summer Session			
Continuing Education and Distance Learning			

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18 Indicate the high school from which you graduated:								
NAME OF SCHOOL		LOCATION		FROM (mm/yy)		TO (mm/yy)		
19 List the colleges, universities, or vocational-technical schools you have attended:								
NAME OF INSTITUTION		CITY/STATE		FROM	TO	CREDITS COMPLETE	DEGREE RECEIVED	MAJOR
						QUARTER	SEMESTER	
20 If you are applying to the College of Biological Science; College of Design; College of Food, Agricultural and Natural Resource Sciences; College of Liberal Arts or Carlson School of Management: please submit official transcripts from the institution where your baccalaureate degree was earned.								
21 I certify that the information I have provided on this application and in all other admission application materials is completed, accurate, and true to the best of my knowledge. I understand that it is my responsibility to request official transcripts or records from each academic institution I have attended. I understand that misrepresentation of application information is sufficient grounds for cancelling my admission or registration. (Note: You must sign and date your application.)								
Applicant's signature:						Date:		

REQUEST FOR CONFIDENTIAL INFORMATION

The information requested below is voluntary and will be used for summary reports required for federal and state laws and regulations and to support institutional affirmative action efforts. It will not be used as a basis for admission or in a discriminatory manner. You will not be subjected to adverse treatment if you do not provide any of the requested information.

Sex (Check one.)

Male Female

Predominant ethnic background (Check one.)

African American/Black: Persons having origins in any of the black racial groups of Africa (except those of Hispanic origin).
American Indian or Alaskan Native: Persons having origins in any of the original peoples of North America or who maintain cultural identification through tribal affiliation or community recognition.

Asian: Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Chicano/Latino: Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Native Hawaiian/Other Pacific Islander: Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White, non-Hispanic: Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East (except those of Hispanic origin).

Multi-ethnic background (please list): 1) _____ 2) _____

Send your application and all supporting materials, including the application fee, to the following address:

Office of Admissions
University of Minnesota - Twin Cities
240 Williamson Hall
231 Pillsbury Drive S.E.
Minneapolis, MN 55455-0213

If you have questions, contact the Office of Admissions:

(612) 625-2008 (TTY: 612/625-9051)
1-800-752-1000 (toll free in continental United States)
Fax: (612) 626-1693
admissions@tc.umn.edu

The University of Minnesota is committed to the policy that all persons shall have equal access to its programs, facilities, and employment without regard to race, color, creed, religion, national origin, sex, age, marital status, disability, public assistance status, veteran status, or sexual orientation.

for office use only

college decision <input type="checkbox"/> accepted <input type="checkbox"/> not accepted	signature of admission official	decision date	Admissions (initials and date)
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