

## ADMISSION INFORMATION CHANGE FORM (DEGREE-SEEKING STUDENTS ONLY)

### Please note:

- Prior to the first day of classes, use this form for academic unit/major changes or term/year of entry changes.
  - use the Name Change and/or Address Information form available at the Office of Admissions and Orientation or online at [umdearborn.edu/fileadmin/template/emsllfiles/R\\_R/name\\_address\\_change.pdf](http://umdearborn.edu/fileadmin/template/emsllfiles/R_R/name_address_change.pdf). Return form to the Office of Admissions and Orientation (1145 University Center).
- Beginning the first day of classes for your desired term:
  - use the Change of Degree/Concentration form available at your academic unit
  - use the Name Change and/or Address Information form available at Enrollment Services (1169 University Center)

<b>Name</b> _____	<b>First</b> _____	<b>Middle</b> _____
<b>UMID Number</b> _____	<b>Birthdate</b> _____	

### Please Change My:

Check applicable section(s)

☐ **ACADEMIC UNIT and/or MAJOR (NOTE: CHANGING YOUR MAJOR MAY AFFECT SCHOLARSHIP ELIGIBILITY.)**

<b>Original academic unit:</b> <input type="checkbox"/> College of Arts, Sciences, and Letters <input type="checkbox"/> College of Business <input type="checkbox"/> College of Education, Health, and Human Services <input type="checkbox"/> College of Engineering and Computer Science <b>Current major</b> _____ <b>Have you attended Orientation at UM-Dearborn?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Desired academic unit:</b> <input type="checkbox"/> College of Arts, Sciences, and Letters <input type="checkbox"/> College of Business <input type="checkbox"/> College of Education, Health, and Human Services <input type="checkbox"/> College of Engineering and Computer Science <b>Desired major</b> _____ <b>Have you attended Orientation at UM-Dearborn?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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☐ **TERM and/or YEAR OF ENTRY**

*You may only defer your admission up to one year from your original term of entry. Beyond one year requires a new application.*

<b>Original term and year of entry:</b> <input type="checkbox"/> Fall 20_____ <input type="checkbox"/> Winter 20_____ <input type="checkbox"/> Summer 20_____ <b>Have you attended or do you plan to attend another college/university prior to attending UM-Dearborn?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Desired term and year of entry:</b> <input type="checkbox"/> Fall 20_____ <input type="checkbox"/> Winter 20_____ <input type="checkbox"/> Summer 20_____ If yes, list school(s), dates of attendance and courses taken at the school(s) on the bottom of this form. If yes, submit official transcripts for ALL coursework taken.
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**Have you ever been expelled, suspended, or placed on probation by any secondary school or college you have attended for:**  
**Academic dishonesty (cheating, plagiarism, etc.)?** ☐ Yes ☐ No  
**An offense that harmed or had the potential to harm others?** ☐ Yes ☐ No

**Since your original application to UM-Dearborn, have you been convicted of a criminal offense, or found to be delinquent by a juvenile court, or are there any such charges pending against you at this time?** ☐ Yes ☐ No

**PREVIOUS COURSEWORK**  
**List ALL school(s) and dates of attendance for coursework since you applied to UM-Dearborn:**  

<b>College/University:</b> _____	<b>Date attended:</b> _____
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**List ALL coursework taken since you applied to UM-Dearborn (attach additional sheet if necessary):**

College/University	Term	Course Subject and Number (Example: PSYC 101)	Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

By my signature, I certify that the answers I have given are correct and complete to the best of my knowledge. I understand that falsification or omission of information or credentials may result in the revocation of admission. I authorize the release of my contact information, on file with the University to alumni clubs that may consider me for scholarships.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_