



**High School Official Application Addendum**

*for freshman applicants applying to the University of Minnesota Duluth via the Web*

**To be completed by applicant (please print)**

**Applicant Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**High School:** \_\_\_\_\_

**To be completed by high school official**

Applicant ranks \_\_\_\_\_ from the top in a class of \_\_\_\_\_ students.

Rank based on academic record through:  junior year  half of senior year  senior year

If rank is not computed, indicate decile from top: \_\_\_\_\_

Applicant has registered for:  ACT Plus Writing - test date: \_\_\_\_\_  MELAB /TOEFL: \_\_\_\_\_

Additional information about the student is welcomed but not required. If there is information that would help us assist the student, please comment.

Name of certifying official (please print)	Title	E-mail address
Signature of certifying official	Phone	Date

**Note:** Federal and state law requires that the contents of student files be open to review by the student. Application forms, high school transcripts, test data, letters, and recommendations sent as part of any application for admission will be open to the student's review upon request, except for references for which the student has provided a written waiver of her or his right of access.

**High School Officials:**

Please submit this form, as well as supporting materials, to: University of Minnesota Duluth  
Office of Admissions  
25 Solon Campus Center  
1117 University Drive  
Duluth MN 55812-3000

If you have questions, contact the Office of Admissions at: Phone: 1-800-232-1339 or 218-726-7171  
Fax: 218-726-7040  
E-mail: [umdadmis@d.umn.edu](mailto:umdadmis@d.umn.edu)

**Thank you.**