



- For personal/professional development  For transfer to another institution
- For subsequent use toward an undergraduate program at UM  Other \_\_\_\_\_

---

## 2. Education Information (continued)

### *High school information*

High school (indicate if GED)	Location	Date completed
-------------------------------	----------	----------------

---

### *Transfer school information*

If you have attended or are attending a college or university, you must provide the following information for each institution, whether or not credit was earned:

College	Location	Attendance period	Degree/credits earned
---------	----------	-------------------	-----------------------

---



---



---

Were you ever suspended or dismissed for academic reasons from any of the institutions listed above?  Yes  No

If yes, please describe \_\_\_\_\_

---



---



---

## 4. Safety and Security

**All applicants must answer these questions.**

A felony in Montana State Law is defined as a crime for which more than one year in prison may be imposed.

1. Have you ever been convicted of a felony?  Yes  No
2. Have you been otherwise institutionalized for threatening or causing physical or emotional injury to persons or property?  Yes  No

Suspension is defined as a sanction imposed for disciplinary reasons that results in a student leaving school for a fixed time period, less than permanently. Dismissal from a college for disciplinary reasons is defined as a permanent separation from an institution of higher education on the basis of conduct or behavior.

3. Have you ever been dismissed and/or suspended from a college for disciplinary reasons?  Yes  No

If you answered “yes” to any of the above questions, please provide an explanation with this application. Failure to do so will delay processing of your application.

An affirmative response to any of these questions will not automatically prevent admission, but you will be asked by the university to provide additional information. This information will be reviewed by a campus committee to ensure campus safety. Any falsification or omission of data may result in a denial of admission or dismissal.

To ensure adequate evaluation of your file, this application and all supporting documentation must be received thirty days before beginning for your enrollment term (Please Note: this applies to only those who indicate “yes” to any of the above Safety & Security questions.)

---

## 5. Voluntary Information

Gender  Male  Female

Parent(s) names and address (if separate addresses, please indicate primary address)

Relation _____ (father, mother, guardian, etc.)	Relation _____	Relation _____
Name _____	Name _____	Name _____
Address _____ _____	Address _____ _____	Address _____ _____
<input type="checkbox"/> Primary	<input type="checkbox"/> Primary	<input type="checkbox"/> Primary

Has either of your parents or guardian(s) with whom you reside completed a bachelor's degree?  Yes  No  Unsure

Did either of your parents or any grandparents attend The University of Montana?  Parent(s)  Grandparent(s)

Your religious preference \_\_\_\_\_

Please indicate if you are:

- African American
- American Indian or Alaska Native (specify primary tribal affiliation and reservation) \_\_\_\_\_
- Asian or Pacific Islander (Specify country of origin) \_\_\_\_\_
- Caucasian/White Non-Hispanic
- Hispanic (specify country of origin) \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

If you have a disability that should be brought to the attention of The University of Montana, please submit a confidential request for accommodation to Enrollment Services-Admissions or Disability Services for Students. Documentation of disability may be required. No qualified individual with a disability will be by reason of such disability excluded from participation in or be denied benefits for the services program or activities of a public entity or be subject to discrimination by such entity.

---

## 6. Residency Information

Are you claiming in-state tuition classification as a Montana resident?  Yes  No (if yes, complete the following questions. If no, skip to signature section)

Does your parent or legal guardian claim you as an exemption on the federal tax return?  Yes  No If no, go to question B.

If yes, please complete the following about your parent/guardian.

1. Who claims you as a federal tax exemption?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

2. Date he/she began living in Montana (mo/day/yr) \_\_\_\_\_

3. Date of his/her extended absences from Montana (mo/day/yr) \_\_\_\_\_ to \_\_\_\_\_

Reason for absence \_\_\_\_\_

4. Has he/she filed a Montana state income tax return?  Yes  No

as a part-year resident  as a full-year resident

List the last three years Montana income taxes have been filed: \_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_

5. Date of his/her Montana voter registration (mo/day/yr) \_\_\_\_\_

6. Does he/she have a current Montana driver's license?  Yes  No

Issue date (mo/day/yr) \_\_\_\_\_ Is this a renewal?  Yes  No

7. Date of his/her Montana vehicle registration (mo/day/yr) \_\_\_\_\_

8. What is his/her employment status: (check all that apply)

full-time  part-time  retired  unemployed  seasonal  permanent

Name and address of employer \_\_\_\_\_

Date of start of employment \_\_\_\_\_

B. If your parent or legal guardian does not claim you as an income tax exemption, please complete the following.

1. Date you began living in Montana (mo/day/yr)

2. Dates of extended absences from Montana (mo/day/yr)

3. Have you filed a Montana state income tax return?  Yes  No

as a part-year resident  as a full-year resident

4. Date of your Montana voter registration (mo/day/yr)

5. Do you have a current Montana driver's license?  Yes  No

Issue date (mo/day/yr) \_\_\_\_\_ Is this a renewal?  Yes  No

6. Date of your Montana vehicle registration (mo/day/yr) \_\_\_\_\_

7. What is your employment status? (check all that apply)

full-time  part-time  retired  unemployed  seasonal  permanent

Name and address of employer \_\_\_\_\_

8. What is your spouse's employment status? (check all that apply)

full-time  part-time  retired  unemployed  seasonal  permanent

Name and address of employer \_\_\_\_\_

Date of start of employment \_\_\_\_\_

9. Dates of military service, if applicable (mo/day/yr) \_\_\_\_\_ to \_\_\_\_\_

City and state from which you entered the service \_\_\_\_\_

Please fill in the table below with information about yourself for the past two years.

From	To	Place of Residence	Employment	Schools Attended

---

### Signature (Required)

I hereby certify that to the best of my knowledge the foregoing information is true and complete without evasion or misrepresentation. I understand that if it is later found otherwise, it is sufficient cause for rejection or dismissal. If my application for admission is approved, I agree to abide by the present and future rules and regulations, both academic and nonacademic, and the scholastic standards of The University of Montana, its colleges, schools, departments and institutes, including but not limited to those rules, regulations and standards stated in both the undergraduate and graduate catalogs. I further acknowledge that if I fail to adhere to these regulations or meet these requirements, my registration may be canceled.

---

Applicant's complete legal signature

---

Date