

High School Dual Credit Program – Guidelines and Registration

The High School Dual Credit program enables high school juniors & seniors of outstanding ability to earn credit in regularly scheduled University of Montana College of Technology courses each semester.

Eligibility: High school juniors and seniors maintaining a cumulative grade point average of 3.0 (B) or higher and with approval from their high school counselors/principal and parent/guardian (under age 18) are eligible to participate. (Counselors should contact Enrollment Services-Admissions (406)243-7882 regarding students who do not meet these criteria.) High school graduates are not eligible.

Course Selection: Courses selected should supplement or expand those available at the student's high school. Please see your high school counselor for currently approved courses for the Dual Credit program.

Application/Registration* Process for first term:

- Step 1: **Get materials & forms.** Pick up application materials from your high school counselor.
- Step 2: **Meet with high school counselor.** High school counselors serve as academic advisors to select eligible students and validate class choices. We suggest that the counselor, student and parent work together to complete the application and approval form. High School Dual Credit participants do not have to pay the \$30 application fee. Prior to the semester enrolling for dual credit, the completed packet is sent to:
 - UM High School Dual Credit Program
 - Enrollment Services-Admissions
 - The University of Montana College of Technology
 - 909 South Ave. W.
 - Missoula, MT 59801Completed Medical History forms (required) should be mailed to:
 - Curry Health Center
 - The University of Montana
 - Missoula, MT 59812
- Step 3: **Class registration.** Once you have been admitted and all of your requirements have been met including the completed medical history form and immunizations, the Registrar's Office will register you for the dual credit class. You will be notified of this registration by way of a mailing from the Registrar's Office, which will include information on how to finalize your bill and pay your fees.
- Step 4: **Pay for your classes.** Follow the instructions provided on Cyberbear for fee payment or contact the Cashier at The University of Montana College of Technology at (406)243-7870. You will need to meet specific payment deadlines depending on when you register. Note: be sure to identify yourself as a High School Dual Credit participant to have any late or other appropriate fees waived.

Subsequent Registration*: Registration for future semesters follows the same procedures except the application and Medical History record are not required. A new signed approval form is required each semester.

The University of Montana College of Technology
Application for Undergraduate Admission
High School Dual Credit

Term or Enrollment: Fall Spring Summer Year _____

The University of Montana also accepts the Montana Institutions of Higher Education Uniform Application for Admission.

1. Personal Information

Full legal name _____

Last

First

Middle

Previous name(s) _____

Social Security number _____

We ask that you voluntarily provide this number which permits UM to distinguish between individuals of the same or similar names. This is especially important should you request a transcript at a later date or wish to be considered for financial aid.

Permanent address _____

(if Montana, indicate county) _____

Telephone (_____) _____ E-mail _____

Mailing address _____

Telephone (_____) _____

Birthdate (mo/day/yr) _____ Birthplace _____

Country of citizenship _____

If not U.S., are you a permanent resident alien of the U.S.? Yes No

2. Education Information

Have you previously attended The University of Montana? Yes No

Dates of attendance _____ and/or dates of continuing education or extension enrollment _____

Please indicate your education goal:

Bachelor degree (field of study _____) Second bachelor degree (field of study _____)

Associates degree/certificate (field of study _____)

Non-degree seeking (transfer students only; not available to freshmen)

For personal/professional development For transfer to another institution

For subsequent use toward an undergraduate program at UM Other _____

Non-degree graduate (bachelor degree already earned/not yet in a graduate program at this time)

Apply on-line at <http://www.umt.edu/grad/> - do not use this paper application to apply as non-degree graduate.

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 _____ _____
Primary	Primary	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 Admissions & New Student Services 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

The University of Montana does not discriminate in admission, or the provision of services, nor employment policies on the basis of race, gender, national origin or ancestry, marital status, creed, religion, color, political ideas, sexual preference, age, or physical or mental disability. Available in alternate format.
