



High School Pilot Program Guidelines & Registration

The High School Pilot Program enables high school juniors & seniors of outstanding ability to earn credit in regularly scheduled University of Montana courses each semester.*

Eligibility: (1) 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) or (2) home schooled students (who are at least 16) with an ACT composite score of 22 or an SAT combined score of 1540 are eligible to participate. Counselors should contact Enrollment Services-Admissions at 243-6266 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. Recreational activity courses are excluded from the Pilot program. Students can access the class schedule online at <http://cyberbear.umt.edu>. **Students may register for a maximum of six credits per term.**

Application/Registration* Process for first term:

- Step 1: **Get materials & forms.** Pick up application materials from your high school counselor or view and print the forms online at admissions.umt.edu/hspilot.html.
View the course catalog online at www.umt.edu/catalog/.
- 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 Pilot participants do not have to pay the \$30 application fee. The completed application is sent to: High School Pilot Program, Enrollment Services-Admissions, Lommasson Center 101, The University of Montana, Missoula, MT 59812 prior to the beginning of the semester. Pre-registration Immunization Records (required) should be mailed to: Curry Health Center, The University of Montana, Missoula, MT 59812. Students cannot register for classes until the Curry Health Center has received the required form.
- Step 3: **Register for your class(es).** High School Pilot students register using the Cyberbear online registration system. Instructions are also available on Cyberbear. If you are registering during the pre-registration time, you will follow the timeline assigned to freshmen. Note that your PIN number is your birthday (mm/dd/yy) until you change it (recommended). If a desired class is full, we recommend that you attend the first day of class with an override slip which is available at the Griz Central Registration Counter in the Lommasson Center. Ask the instructor to sign you into the course.
- Step 4: **Pay for your classes.** Follow the instructions on Cyberbear for fee payment. You will need to meet certain payment deadlines depending on when you register. All students must pay fees with an e-check or credit card on Cyberbear or in person at Griz Central in the Lommasson Center.

***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 needed each semester.*

* If the course selection is offered through the College of Technology or Continuing Education and Summer Programs, please contact those offices for registration information.

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



High School Pilot Program
Guidelines & Registration
Enrollment Services-Admissions
(406) 243-6266

High School Pilot Approval Form

Instructions:

This form is for **approval only**. You must register for your classes on Cyberbear at <http://cyberbear.umt.edu>. A new approval form is required each term before registration. Prior to each semester, please return form signed by the student, parent, and high school counselor or principal to: UM High School Pilot Program, Lommasson Center Room 220, The University of Montana, Missoula MT 59801

NAME _____
(Last) (First) (Middle)

SOCIAL SECURITY NUMBER _____

HOME ADDRESS _____

HIGH SCHOOL _____

SEMESTER _____ FALL _____
_____ SPRING _____
_____ SUMMER _____

Is this the student's first semester in the Pilot program? _____ YES _____ NO
Expected high school graduation date _____

APPROVED COURSE SELECTION

<u>CRN#</u>	<u>SUBJ</u>	<u>COURSE#</u>	<u>COURSE TITLE</u>	<u>CREDITS</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

APPROVAL

Student Signature & Date

Parent Signature (if student under 18)
& Date

High School Counselor/Principal
Signature & Date