



MONTANA STATE UNIVERSITY BILLINGS
OFFICE OF GRADUATE STUDIES

APPLICATION FOR FIRST TIME ADMISSION TO GRADUATE STUDY AND MONTANA STATE UNIVERSITY BILLINGS

Thank you for your interest in taking graduate coursework at Montana State University Billings. The information on this form establishes your admission status to both the University and to Graduate Studies and will provide a basis for a file charting your progress as a graduate student. You are urged to read the Graduate Catalog to understand your responsibilities in gaining admission and successfully completing your program of study. As a graduate student you alone are responsible for your success. **Please return this application to the Graduate Studies Office.** **Two official transcripts from each college or university attended are required, one for Admissions and Records and one for Graduate Studies.** **PLEASE PRINT OR TYPE.** **A non-refundable application fee of \$40 must accompany this application.**

Institutional Information:

Desired Term of Enrollment Fall 20 _____ Spring 20 _____ Summer 20 _____

Are you in good standing at your previous college? Yes No

Full Legal Name:

Last or Family Name	First Name	Middle and/or Maiden Name
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Previous Name(s) _____

Permanent Address (Street/P.O. Box Number)	City/Town	State	Zip
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Mailing Address (if different from Permanent Address)	City/Town	State	Zip
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Social Security Number _____ Date of Birth ____/____/____ Phone Number (____) _____

Birthplace _____ Country or Citizenship _____

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

Email address _____ @ _____

Emergency Contact Information:

Contact Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone Number (____) _____

Work Phone Number (____) _____

Cell Phone Number (____) _____

Ethnic Identity:

This information is for statistical analysis only. It is not used in the admission process and will have no bearing on your admission status.

a. Indicate your ethnic identity by checking the appropriate boxes:

Hispanic/Latino Not Hispanic or Latino (check category below)

b. If not Hispanic or Latino, indicate which one or more racial categories should be used to classify you:

American Indian or Alaska Native Specify primary tribe affiliation & Reservation _____

Asian Specify country of origin _____

African American

Native Hawaiian or Other Pacific Islander Specify country of origin _____

White

Residency Classification

The information you provide will be used to assess your residency status for tuition and fee purposes only and has no effect on admission.

Are you claiming in-state tuition classification as a Montana Resident? Yes No

If **No**, of what state are you a resident? _____

If **Yes**, please carefully complete all of the following items. *Failure to complete the information may result in your being misclassified.* If any of the information is NA (not applicable) you may be asked to complete a Residency Questionnaire. Month and year are sufficient for dates more than two years past. In addition to your own information, if your parent claim you as a tax exemption, provide information on your parent or guardian.

	YOU		PARENTS/GUARDIAN	
		NA		NA
1.a. Dates of continuous physical resident in Montana (mo/day/yr).	___/___/___ to ___/___/___	<input type="checkbox"/>	___/___/___ to ___/___/___	<input type="checkbox"/>
b. Dates of employment in Montana (mo/day/yr).	___/___/___ to ___/___/___	<input type="checkbox"/>	___/___/___ to ___/___/___	<input type="checkbox"/>
	Employer _____ City _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other
c. List the last two years Montana Income tax return have been filed	_____ and _____	<input type="checkbox"/>	_____ and _____	<input type="checkbox"/>
d. Date current Montana Driver's License was issued	_____ mo/yr	<input type="checkbox"/>	_____ mo/yr	<input type="checkbox"/>
e. List the last two years of Montana Motor Vehicle Registration	_____ and _____	<input type="checkbox"/>	_____ and _____	<input type="checkbox"/>
f. Date of Montana voter registration	_____ mo/yr	<input type="checkbox"/>	_____ mo/yr	<input type="checkbox"/>
2. a. I am a member of the armed forces of the United States assigned to active duty in Montana		<input type="checkbox"/> Yes		<input type="checkbox"/> No
b. Have you served as a member of the armed forces of the United States		<input type="checkbox"/> Yes		<input type="checkbox"/> No
If yes, dates of active duty:	___/___/___ to ___/___/___			
City and state from which you entered the service	_____ City _____		_____ State _____	
c. I am the spouse or dependent child of an individual who is a member of the armed forces of the United States assigned to active duty in Montana.		<input type="checkbox"/> Yes		<input type="checkbox"/> No

Safety and Security

This section ***must*** be completed

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 ever been subject to discipline, suspension or probation at any institution of post-secondary education (beyond high school) **for reasons other than academic performance?** Yes No
3. Have you been otherwise institutionalized for threatening or causing physical or emotional injury to persons or property? Yes No

If you answered **Yes** to any question, you must include an explanation with this application. Failure to do so will delay processing of your application. Suspension is defined as a sanction imposed for disciplinary reason 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 permanent separation from an institution of higher education on the basis of conduct or behavior.

I certify that the above information is accurate as of this date. The falsification or suppression of any information requested on this application for admission will be grounds for cancellation of registration.

Applicant's Signature

Date

Pursuant to Titles VI and VII of the Civil Rights Act, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act, Executive Order 11246 as amended, American With Disabilities Act of 1990, and the Montana State Human Rights Act-Montana State University-Billings has a policy of nondiscrimination in employment practices and in admission, access to, and conduct of educational programs and activities. Discrimination is prohibited on the basis of race, sex, color, national origin, religion, age, disability, marital, or parental status. Any student, employee, or applicant for admission may file a discrimination grievance. Inquiries or grievances should be directed to the Human Resources/EEO-AA director, MSU-Billings, 1500 University Drive, Billings, Montana 59101-0298; (406) 657-2278 (TDD). Any student and/or person with disabilities concerned about accessibility and/or accommodation issues should contact Disability Support Services-Academic Support Center, (406) 657-2283 (Voice/TTY).

**OFFICE OF ADMISSIONS AND RECORDS
MONTANA STATE UNIVERSITY BILLINGS**

OFFICE: (406) 657-2158

FAX: (406) 657-2302

E-MAIL: registrar@msubillings.edu

OFFICE OF GRADUATE STUDIES

1500 UNIVERSITY DRIVE

BILLINGS, MT 59101-0298

OFFICE: (406) 657-2238

FAX: (406) 657-2299

E-MAIL: gradstudies@msubillings.edu