

# MONTANA STATE UNIVERSITY TRANSFER APPLICATION FOR BILLINGS, BOZEMAN, GREAT FALLS, & NORTHERN

PROVIDE THE INFORMATION BELOW, PRINT THE FORM, SIGN IT, AND **MAIL OR FAX THE COMPLETED, SIGNED FORM TO THE ADMISSIONS OFFICE OF THE SCHOOL YOU ARE TRANSFERRING TO.** ADDITIONAL INFORMATION MAY BE REQUESTED BY THE ADMISSIONS OFFICE.

IF YOU HAVE NEVER ATTENDED MSU BILLINGS, BOZEMAN, GREAT FALLS, OR NORTHERN, YOU MAY NOT USE THIS FORM.

|   |  |   |                  |   |           |
|---|--|---|------------------|---|-----------|
| STUDENT NAME: LAST, FIRST MIDDLE (AND PREVIOUS NAMES):  |  | DATE OF BIRTH (MM/DD/YYYY):   |                  | STUDENT ID# OR SSN#:  |           |
| EMAIL ADDRESS:  |  |   | PHONE NUMBER(s): |   |           |
| CURRENT MAILING ADDRESS:  |  | CITY:   |                  | STATE:  | ZIP CODE: |
| STATE IN WHICH YOU CLAIM RESIDENCY:   |  | HOW LONG HAVE YOU LIVED IN THIS STATE?  |                  | HAVE YOU BEEN OUTSIDE MONTANA FOR MORE THAN 30 DAYS IN THE LAST 12 MONTHS? YES <input type="checkbox"/> NO <input type="checkbox"/> |           |
| ARE YOU REGISTERED TO VOTE IN MONTANA? YES <input type="checkbox"/> NO <input type="checkbox"/> |  | DO YOU FILE MONTANA TAXES? YES <input type="checkbox"/> NO <input type="checkbox"/> |                  | YEAR OF MOST RECENT MONTANA TAX FILING:   |           |

|                                 |  |                                       |                                      |  |                                       |
|---------------------------------|--|---------------------------------------|--------------------------------------|--|---------------------------------------|
| CAMPUS YOU ARE LEAVING:         |  | <input type="checkbox"/> MSU-BILLINGS | <input type="checkbox"/> MSU-BOZEMAN | <input type="checkbox"/> MSU-GREAT FALLS | <input type="checkbox"/> MSU-NORTHERN |
| CAMPUS YOU ARE TRANSFERRING TO: |  | <input type="checkbox"/> MSU-BILLINGS | <input type="checkbox"/> MSU-BOZEMAN | <input type="checkbox"/> MSU-GREAT FALLS | <input type="checkbox"/> MSU-NORTHERN |
| EXPECTED ENROLLMENT TERM:       |  | <input type="checkbox"/> SPRING       | <input type="checkbox"/> SUMMER      | <input type="checkbox"/> FALL            | EXPECTED ENROLLMENT YEAR:             |
| CURRENT DEGREE & MAJOR          |  |                                       | INTENDED DEGREE & MAJOR              |  |                                       |

USE BACK OF THIS FORM IF EXTRA WRITING SPACE IS NEEDED FOR ANY ANSWERS BELOW

● HAVE YOU EVER BEEN CONVICTED OF A FELONY (INCLUDE INSTANCES OF DEFERRED SENTENCING)? YES ☐ NO ☐  
IF YOU HAVE ANSWERED "YES" TO THIS QUESTION, PROVIDE INFORMATION FOR EVERY SUCH CONVICTION

● HAVE YOU EVER BEEN SUBJECTED TO COURT-ORDERED CONFINEMENT FOR THREATENING OR CAUSING PHYSICAL OR EMOTIONAL INJURY TO PERSONS OR TO PROPERTY? YES ☐ NO ☐  
IF YOU HAVE ANSWERED "YES" TO THIS QUESTION, PROVIDE INFORMATION FOR EVERY SUCH INCIDENT

● HAVE YOU EVER BEEN DISCIPLINED, SUSPENDED FROM, OR PLACED ON PROBATION AT ANY EDUCATIONAL INSTITUTION FOR NON-ACADEMIC REASONS? YES ☐ NO ☐  
IF YOU HAVE ANSWERED "YES" TO THIS QUESTION, PROVIDE INFORMATION FOR EVERY SUCH INCIDENT

● HAVE YOU EVER BEEN REQUIRED TO REGISTER AS A SEXUAL OR VIOLENT OFFENDER? YES ☐ NO ☐  
IF YOU HAVE ANSWERED "YES" TO THIS QUESTION, PROVIDE INFORMATION FOR EVERY SUCH INCIDENT

**LIST ALL POST-SECONDARY INSTITUTIONS ATTENDED, INCLUDING ALL MSU INSTITUTIONS. CONTACT ALL NON-MSU INSTITUTIONS AND REQUEST AN OFFICIAL TRANSCRIPT BE SENT TO THE ADMISSIONS OFFICE OF THE SCHOOL YOU ARE TRANSFERRING TO.**

| NAME OF INSTITUTION | LOCATION (CITY/STATE) | ATTENDED FROM (MM/YYYY) | ATTENDED TO (MM/YYYY) |
|---------------------|-----------------------|-------------------------|-----------------------|
|                     |                       |                         |                       |
|                     |                       |                         |                       |
|                     |                       |                         |                       |

USE BACK OF THIS FORM IF EXTRA SPACE IS NEEDED

I UNDERSTAND THAT BY SIGNING THIS TRANSFER APPLICATION, I AM AUTHORIZING THE RELEASE OF ANY MSU INFORMATION RELEVANT TO THE ADMISSION DECISION. I ALSO UNDERSTAND THAT THE SCHOOL I AM TRANSFERRING TO MAY REQUIRE ADDITIONAL INFORMATION.

**Applicant's Signature**

**Date**

# MONTANA STATE UNIVERSITY TRANSFER APPLICATION

## PARTICIPATING MONTANA STATE UNIVERSITY INSTITUTIONS

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MAIL OR FAX THE COMPLETED, **SIGNED** TRANSFER APPLICATION TO  
THE SCHOOL YOU ARE TRANSFERRING TO.

**MONTANA STATE UNIVERSITY - BILLINGS**

ADMISSIONS OFFICE  
1500 UNIVERSITY DR.  
BILLINGS, MT 59101  
FAX: (406) 657-2302

**MONTANA STATE UNIVERSITY BOZEMAN**

ADMISSIONS OFFICE  
PO BOX 172190  
BOZEMAN, MT 59717-2190  
FAX: (406) 994-7360

**MONTANA STATE UNIVERSITY -  
GREAT FALLS COLLEGE OF TECHNOLOGY**

ADMISSIONS OFFICE  
2100 16TH AVE. SOUTH  
GREAT FALLS, MT 59405  
FAX: (406) 771-4329

**MONTANA STATE UNIVERSITY - NORTHERN**

ADMISSIONS OFFICE  
P.O. Box 7751  
HAVRE, MT 59501  
FAX: (406) 265-3788

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