QUALIFICATIONS:
1. You must be a resident of the State of Montana when you enroll in one of the two or four year colleges of the Montana University System.
2. You demonstrate financial need as defined by Board of Regents Policy 940.13 (F) (4) and verified by completing the Free Application for Federal Student Aid (FAFSA). You must complete and submit the FAFSA each academic year you are requesting this waiver.
3. Select at least one of the following options:
   - I am at least one quarter (1/4) degree of Indian blood and I will provide a copy of my Certificate of Indian Blood (letter/card).
   - I am at least one quarter (1/4) degree of Indian blood and I will provide proof of descent using birth certificates and/or letters from Tribal officials.
   - I am an enrolled member of a state or federally recognized Indian Tribe which is located within the boundaries of the State of Montana and I will provide a copy of my Tribal Enrollment Card.

STATE RECOGNIZED TRIBES LOCATED WITHIN THE BOUNDARIES OF MONTANA

- Assiniboine
- Blackfeet
- Chippewa Cree
- Crow
- Gros Ventre
- Kootenai
- Little Shell Chippewa
- Northern Cheyenne
- Pend d'Oreille
- Salish
- Sioux

FEDERALLY RECOGNIZED TRIBES: [Link]

LIMITATIONS:
1. The American Indian tuition waiver only waives resident undergraduate tuition, it **does not waive fees**. Fees not covered by this waiver are your responsibility. Additionally tuition for self-supporting courses (typically offered through the MSUB Extended Campus) are not covered.
2. This waiver cannot be used in conjunction with other state tuition waivers.
3. The waiver will continue as long as you maintain Satisfactory Academic Progress (SAP) according to the standards of the MSUB Office of Financial Aid & Scholarships.

Name: ___________________________ Tribal Enrollment Number: __________________
Address: __________________________ City: __________ State: _____ Zip: _______
Telephone: _________________________ Email: ________________________________

Name of Your Tribe: __________________________________________________________
Address: __________________________ City: __________ State: _____ Zip: _______
Telephone: _________________________ Email or Website: ________________________

________________________________________ __________________ __________________________________
Signature      Date      Student ID

PROOF OF INDIAN DESCENT AND/OR TRIBAL ENROLLMENT MUST ACCOMPANY THIS FORM
Once this form is completed and approved, you do not need to complete it again, as long as you remain continuously enrolled at this campus and you maintain satisfactory academic progress.