



MONTANA STATE UNIVERSITY BILLINGS OFFICE OF GRADUATE STUDIES

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

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 _____

Full Legal Name:

Last or Family Name	First Name	Middle and/or Maiden Name
---------------------	------------	---------------------------

Previous Name(s) _____

Permanent Address (Street/P.O. Box Number)	City/Town	State	Zip
--	-----------	-------	-----

Mailing Address (if different from Permanent Address)	City/Town	State	Zip
---	-----------	-------	-----

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 (____) _____

Entry Level Graduate Athletic Training Program

List previous athletic training work experience/observation or volunteer hours that you have acquired (**25 hours Minimum**)

1. Where Acquired: _____ # of Years _____

of Hours _____ Supervisor _____

Title _____ Phone _____

2. Where Acquired: _____ # of Years _____

of Hours _____ Supervisor _____

Title _____ Phone _____

3. Where Acquired: _____ # of Years _____

of Hours _____ Supervisor _____

Certifications:

CPR Certification Expiration Date: _____

Are you certified as a professional rescuer? Yes No

Are you AED certified? Yes No

First Aid Certification Expiration Date: _____

Do you hold any additional First Aid Certifications (First Responder, EMT)? Yes No

If yes please list: _____

Activities:

List all extracurricular activities, organizations, etc., in which you are active. Include office/positions held.

Professional Memberships:

List all professional memberships (NATA, ACSM, etc.)

Applicant Essay:

Please complete the following questions with an honest evaluation of yourself and return. Type on a separate sheet and limit your total response to 1000 words or less.

1. What is/are your primary career goals?
2. What in your life has most directly influenced your choice of becoming an Athletic Trainer
3. Describe the attributes that you feel are clearly and directly related to the profession of Athletic Training.
4. Why should you be selected into the Montana State University-Billings Graduate Athletic Training program?

MSU-B Instructions for Letters of Recommendation and Release Form:

Include three (3) completed recommendation forms from persons that can speak to you potential as an athletic training student. The form can be found at the following web site: <http://www.msubillings.edu/grad/recforms.htm>

Other Programmatic Information Required:

Do you have the following:

MMR Yes No

Physical Examination to verify Technical Standards Yes No

Academic History:

Complete Name of High School _____

City _____ State _____ Date of Graduation ____/____/____

Bachelor's Degree from _____
Name of Institution(s) & State

B.S./B.A. in _____ Date of Degree ____/____/____
Major

Master's Degree(s) held (if any) _____
Name of Institution(s)& State Date of Degree

List all other colleges or universities from which you have taken coursework and year(s) attended: _____

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 of one or more racial categories should be used to classify you:

American Indian or Alaska Native Specify primary tribal affiliation or 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 claims you as a tax exemption, provide information on your parent or guardian.

	YOU	NA	PARENTS/GUARDIAN	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"/>
_____	<input type="checkbox"/> Full-time		<input type="checkbox"/> Full-time	

	Employer	City	<input type="checkbox"/> Part-time <input type="checkbox"/> Other	<input type="checkbox"/> Part-time <input type="checkbox"/> Other
c. List the last two years Montana Income tax return have been filed	_____ and _____	_____ and _____	<input type="checkbox"/>	<input type="checkbox"/>
d. Date current Montana Driver's License was issued	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	mo/yr	mo/yr		
e. List the last two years of Montana Motor Vehicle Registration	_____ and _____	_____ and _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Date of Montana voter registration	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	mo/y	r	mo/y	r
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 ever 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 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) 657-2302

E-MAIL: gradstudies@msubillings.edu