



MONTANA STATE UNIVERSITY BILLINGS
OFFICE OF GRADUATE STUDIES

**APPLICATION FOR RETURNING STUDENTS 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 (except MSUB) 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:

Dates attended MSU Billings/EMC _____

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

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

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

Lived in Montana the Past 12 Months Yes No

Email address _____@_____

Educational Goal

Please indicate your educational goal:

_____ **Non-Degree Seeking Graduate** (bachelor degree earned; not pursuing a degree or certificate at this institution; not eligible for financial aid)

- For personal/professional development To satisfy graduate school deficiencies
 For teacher certification Currently licensed Seeking initial licensure
 Other _____
 For transfer to another institution (specify plans) _____

_____ **Degree seeking Graduate** (bachelor degree earned) please indicate the degree you will pursue (eligible for financial aid)

Master of Education:

- Early Childhood Educational Technology
 Reading School Counseling
 Interdisciplinary Studies Non-certification (choose one)
 Educational Department Health, Physical Education, and Human Services
 Special Education, Counseling, Reading, and Early Childhood Curriculum & Instruction K-8
 Interdisciplinary Studies Teacher Certification option (choose one)
 Secondary (specify area)* _____ Elementary

*Secondary education students must meet "highly qualified" standards for teaching content area in order to be licensed. Please visit the advising center web site and complete the paperwork for your teaching area. **This must accompany your application.** The web site is: <http://www.msubillings.edu/advise/COEHS2005-2007.htm> You will be required to have completed the requirements for the content area found on page three. Please take your transcripts and match course work as best you can.

Master of Science

- Rehabilitation and Mental Health Counseling Public Relations Psychology
 Special Education (choose one) Sport Management Athletic Training
 Advanced Studies Generalist

Master of

- Public Administration Health Administration

Other

- Endorsement in School Counseling
 Supervisory Endorsement Program
 Endorsement in _____
 Doctoral Minor in Special Education (with MSU-Bozeman)

Academic History

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 date(s) attended _____

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