

MONTANA STATE UNIVERSITY BILLINGS
OFFICE OF GRADUATE STUDIES
APPLICATION FOR FIRST TIME GRADUATE ADMISSION

Please return this application to the Graduate Studies Office. PLEASE PRINT OR TYPE. A non-refundable application fee of \$40 must accompany this application.

PERSONAL DATA:

Full Legal Name: _____
Last or Family Surname First Full Middle or Maiden *U.S. Social Security Number

Date of Birth ____/____/____ Gender: Female Male

Citizenship: U.S. Citizen Non-U.S. Citizen
Country of Citizenship _____

Non-U.S. Citizen on Permanent Status

Permanent Resident #: _____

Date Issued: _____

*We ask that you voluntarily provide your Social Security number, which permits the school to distinguish between individuals with the same or similar name. You will not be penalized should you decline to provide this number.

CONTACT INFORMATION:

Permanent Address: _____
Street Address Apt #

City State (or Country) Zip/Postal Code

Telephone Number Email Address

Current Mailing Address: _____
**If different from permanent Street Address Apt #

City State (or Country) Zip/Postal Code

Telephone Number Email Address

Valid From: _____ To: _____

**All correspondence will be sent to your current mailing address. To ensure that all correspondence reaches you, please keep your mailing address up to date.

ENROLLMENT OBJECTIVES:

Desired year and semester of enrollment: _____(yr) Fall Spring Summer

Degree: Master Licensure Endorsement ABA Certificate Non-Degree

Proposed Degree/Certificate Program _____

EDUCATIONAL BACKGROUND:

List every college or university (including MSUB) you have attended or will attend prior to entering MSUB. Use a separate sheet if necessary

Enter dates of attendance (including present enrollment and degrees earned or expected).

Dates of Attendance

School	City/State or Nation	From		To		Earned/Expected	
		Mo./Yr.	Mo./Yr.	Mo./Yr.	Mo./Yr.	Degree	Mo./Yr.

MONTANA RESIDENCY (FOR DOMESTIC APPLICANTS ONLY)

Are you claiming Montana residency for in-state Tuition classification?

Yes* No If no, specify state of resident: _____

*If you are claiming Montana residency, you must answer each question below completely and accurately.

Failure to do so WILL result in classification as an OUT-OF-STATE student for tuition purposes.

Does a parent claim you as a federal or state income tax exemption?

Yes* No *If yes, the following questions must be completed based on your parents information.

Date your permanent residency began in Montana (physical presence in Montana): _____

Dates of extended absences (more than 30 days) from Montana during the past 12 months: _____

List the last three (3) years of Montana income taxes have been filed: _____

Date and Place of last two years of employment in Montana _____

Date Current Montana Driver's License was issued _____ (mo.)/ _____ (Yr.) Is it a renewal? Yes No

List the last three (3) years of Montana Motor Vehicle registration _____

Date of Montana Voter registration _____ (mo.)/ _____ (Yr.)

*****IMPORTANT*****

YOU MUST READ AND SIGN THE FOLLOWING SECTION IN ORDER TO COMPLETE YOUR APPLICATION

If you answer YES to any of the following questions, you must attach an explanation regarding each circumstance.

Have you ever been convicted of a felony (include instances of deferred sentencing)? Yes No

Have you ever been subjected to court-ordered confinement for threatening or causing physical or emotional injury to persons or property? Yes No

Have you ever been disciplined, suspended from, or placed on probation at any educational institution for non-academic reasons? Yes No

Have you ever been required to register as a sexual or violent offender? Yes No

I certify that the information given in this application is complete and accurate to the best of my knowledge and understand that falsification or omission of information will be sufficient grounds for refusal of admission or for dismissal. If admitted, I hereby agree to abide by the policies of the Board of Regents and the rules and regulations of Montana State University Billings. Should any of the information I have given change prior to my entry to the university, I shall immediately notify the University. I understand the \$40 check or money order I submit with this application is a nonrefundable fee.

Applicant's Signature (sign complete legal name)

Date of Application

**Ethnicity Hispanic or Latino Not Hispanic or Latino

**Race

Black or African American Asian specify country _____
 White
 Native Hawaiian or Pacific Islander specify country _____
 American Indian or Alaskan Native

Have you served in the military for a period of active duty longer than 180 days? Yes No

Tribal Affiliation or reservation: _____

**Federal requirements make necessary the collection of the above data for students. However, this information will not be used as a basis for admission.

***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, or marital status. Any student, employee, or applicant for admission may file a discrimination grievance. Inquires or grievances should be directed to the Human Resources/EEO-AA director in McMullen Hall Room 310, 591010-0298, phone (406) 657-2278. For more detailed information please refer to

<http://www.msubillings.edu/geninfo/upolicies.htm>.