

# Former Student Application



Term of Intended Return to MSU Billings:  Fall  Spring  Summer Year: \_\_\_\_\_

## Personal Information

|                               |            |            |             |   |     |
|-------------------------------|------------|------------|-------------|---|-----|
| Student ID (or last 4 of SSN) | Last Name  | First Name | Middle Name | Previous Name(s)  |     |
| Mailing Address               |            |            | City        | State   | Zip |
| Permanent Address             |            |            | City        | State   | Zip |
| Email Address                 | Cell Phone | Home Phone | Birth Date  | Gender<br><input type="checkbox"/> Male <input type="checkbox"/> Female |     |

Ethnicity information is for statistical analysis only. It is not used in the admission process and will have no bearing on your admission status.

Indicate your ethnic identity:

- Hispanic / Latino  
 Not Hispanic or Latino

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

## Educational Information

Do you currently hold a bachelors or a masters degree?  Yes  No

Proposed major upon returning to MSU Billings: \_\_\_\_\_ Degree: \_\_\_\_\_

Previous dates of attendance at MSU Billings/EMC/BVTC: \_\_\_\_\_

List all post-secondary institutions attended, including MSU Institutions. Contact all institutions and request an official transcript be sent to the MSU Billings Admissions and Records Office.

| Name of College or University | City | State | Attendance Dates (to - from) | Degrees/Credits Earned |
|-------------------------------|------|-------|------------------------------|------------------------|
|                               |      |       |                              |                        |
|                               |      |       |                              |                        |
|                               |      |       |                              |                        |

## Residency Classification

Are you a US citizen?  Yes  No

If not US, are you a permanent resident alien of the US?  Yes  No

Have you lived in Montana for the past 12 continuous months?  Yes  No

Are you a resident of Montana?  Yes  No

If you are not a resident of Montana, in which state do you claim residency? \_\_\_\_\_

Do you file Montana taxes?  Yes  No

Year of most recent Montana tax filing: \_\_\_\_\_

If you own a vehicle, is it registered in Montana?  Yes  No

Do you have a MT Drivers License or State ID?  Yes  No

Date of Issue: \_\_\_\_\_

## Safety and Security

Have you ever been convicted of a felony (please 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 hereby certify that to the best of my knowledge the foregoing information is true and complete without evasion or misrepresentation. I understand that if it is later found otherwise, it is sufficient cause for rejection or dismissal. If my application for admission is approved, I agree to abide by the present and future rules and regulations, both academic and nonacademic, and the scholastic standards of the appropriate institution, its colleges, schools, departments and institutes, including but not limited to those rules, regulations and standards stated in both the undergraduate and graduate catalogs. I further acknowledge that if I fail to adhere to these regulations or meet these requirements, my registration may be canceled.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Internal Use Only

|                     |             |
|---------------------|-------------|
| Processed by: _____ | Date: _____ |
|---------------------|-------------|