

The University of Montana College of Technology

Application for Undergraduate Admission

Term of Enrollment: Fall Spring Summer Year _____ **Nonrefundable application fee \$30**

Application is for: UM College of Technology Online Course Only (Note: check if you do not plan to take any courses physically on campus)

Please mail this completed application to: Enrollment Services – Admissions
The University of Montana College of Technology • 909 South Avenue West • Missoula, MT 59801

The University of Montana also accepts the Montana Institutions of Higher Education Uniform Application for Admission.

1. Personal Information

Full legal name _____
Last First Middle

Previous name(s) _____

Social Security number _____

We ask that you voluntarily provide this number which permits UM to distinguish between individuals of the same or similar names. This is especially important should you request a transcript at a later date or wish to be considered for financial aid.

Permanent address _____

(If Montana, indicate county) _____

Telephone (_____) _____ E-mail _____

Mailing address _____

Telephone number (_____) _____

Birthdate (mo/day/yr) _____ Birthplace _____

Country of citizenship _____

If not U.S., are you a permanent resident alien of the U.S.? Yes No

2. Education Information

Have you previously attended The University of Montana? Yes No

Dates of attendance _____ and/or dates of continuing education or extension enrollment _____

Please indicate your educational goal:

Bachelor degree (field of study _____) Second bachelor degree (field of study _____)

Associate degree/certificate (field of study _____)

Non-degree seeking (transfer students only; not available to freshmen)

For personal/professional development For transfer to another institution

For subsequent use toward an undergraduate program at UM Other _____

2. Education Information (continued)

High school information

High school (indicate if GED)	Location	Date completed
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Transfer school information

If you have attended or are attending a college or university, you must provide the following information for each institution, whether or not credit was earned:

College	Location	Attendance period	Degree/credits earned
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Were you ever suspended or dismissed for academic reasons from any of the institutions listed above? Yes No

If yes, please describe _____

3. Safety and Security

All applicants must answer these questions.

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 been otherwise institutionalized for threatening or causing physical or emotional injury to persons or property? Yes No

Suspension is defined as a sanction imposed for disciplinary reasons that results in a student leaving school for a fixed time period, less than permanently. Dismissal from a college for disciplinary reasons is defined as a permanent separation from an institution of higher education on the basis of conduct or behavior.

3. Have you ever been dismissed and/or suspended from a college for disciplinary reasons? Yes No

If you answered “yes” to any of the above questions, please provide an explanation with this application. Failure to do so will delay processing of your application.

An affirmative response to any of these questions will not automatically prevent admission, but you will be asked by the university to provide additional information. This information will be reviewed by a campus committee to ensure campus safety. Any falsification or omission of data may result in a denial of admission or dismissal.

4. Selective Service (males only)

The Military Service Act, 50 U.S.C. Appendix 451ff, et seq, requires males aged 18 through 25 to register with the Selective Service Administration. In support of the federal regulation, Montana Code prohibits a state agency or post-secondary educational institution from employing, providing state financial assistance, or enrolling as a student, an individual who meets the Selective Service Registration requirement and has failed to do so. The Montana University System will not employ or provide state financial assistance to any person who, on or after July 1, 2001, is required to do so and has not registered with the Selective Service system.

If you are a male, please complete the certification below.

I certify that, if I am or was required to do so on or after July 1, 2001, I am registered with the Selective Service Administration.

Signature _____ Printed Name _____

Date: _____

5. Voluntary Information

Gender Male Female

Parent(s) names and address (if separate addresses, please indicate primary address)

Relation _____ (father, mother, guardian, etc.)	Relation _____	Relation _____
Name _____	Name _____	Name _____
Address _____	Address _____	Address _____
_____	_____	_____
<input type="checkbox"/> Primary	<input type="checkbox"/> Primary	<input type="checkbox"/> Primary

Have either of your parents or guardian(s) with whom you reside completed a bachelor's degree? Yes No Unsure

Did either of your parents or any grandparents attend The University of Montana? Parent(s) Grandparent(s)

Your religious preference _____

Please indicate if you are:

- African American
- American Indian or Alaska Native (specify primary tribal affiliation and reservation) _____
- Asian or Pacific Islander (specify country of origin) _____
- Caucasian/White Non-Hispanic
- Hispanic (specify country of origin) _____
- Other (please specify) _____

If you have a disability that should be brought to the attention of The University of Montana, please submit a confidential request for accommodation to Enrollment Services – Admissions or Disability Services for Students. Documentation of disability may be required. No qualified individual with a disability will be by reason of such disability excluded from participation in or be denied benefits for the services program or activities of a public entity or be subject to discrimination by such entity.

6. Residency Information

Are you claiming in-state tuition classification as a Montana resident? Yes No (If yes, complete the following questions. If no, skip to signature section)

A. Does your parent or legal guardian claim you as a federal income tax exemption? Yes No If no, go to question B.

If yes, please complete the following about your parent/guardian.

1. Who claims you as a federal tax exemption?

Name _____ Relationship _____

2. Date he/she began living in Montana (mo/day/yr) _____

3. Date of his/her extended absences from Montana (mo/day/yr) _____ to _____

Reason for absence _____

4. Has he/she filed a Montana state income tax return? Yes No

as a part-year resident as a full-year resident

List the last three years Montana income taxes have been filed: _____ ; _____ ; _____

5. Date of his/her Montana voter registration (mo/day/yr) _____

6. Does he/she have a current Montana driver's license? Yes No

Issue date (mo/day/yr) _____ Is this a renewal? Yes No

7. Date of his/her Montana vehicle registration (mo/day/yr) _____

8. What is his/her employment status? (check all that apply)

full-time part-time retired unemployed seasonal permanent

Name and address of employer _____

Date of start of employment _____

B. If your parent or legal guardian does not claim you as an income tax exemption, please complete the following.

1. Date you began living in Montana (mo/day/yr) _____

2. Dates of extended absences from Montana (mo/day/yr) _____ to _____

Reason for absence _____

3. Have you filed a Montana state income tax return? Yes No

as a part-year resident as full-year resident

List the last three years Montana income taxes have been filed: _____ ; _____ ; _____

4. Date of your Montana voter registration (mo/day/yr) _____

5. Do you have a current Montana driver's license? Yes No

Issue date (mo/day/yr) _____ Is this a renewal? Yes No

6. Date of your Montana vehicle registration (mo/day/yr) _____

7. What is your employment status? (check all that apply)

full-time part-time retired unemployed seasonal permanent

Name and address of employer _____

Date of start of employment _____

6. Residency Information (continued)

8. What is your spouse's employment status? (check all that apply)

full-time part-time retired unemployed seasonal permanent

Name and address of employer _____

Date of start of employment _____

9. Dates of military service, if applicable (mo/day/yr) _____ to _____

City and state from which you entered the service _____

Please fill in the table below with information about yourself for the past two years.

From	To	Place of Residence	Employment	Schools Attended

7. Signature

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 University of Montana, 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.

Applicant's complete legal signature

Date

The University of Montana does not discriminate in admission, or the provision of services, nor employment policies on the basis of race, gender, national origin or ancestry, marital status, creed, religion, color, political ideas, sexual preference, age, or physical or mental disability. Available in alternate format.

8. Academic Honors, Extracurricular Activities and Work Experience

*Personal Information**

Name _____

Phone Number _____ Email _____

State of Legal Residence _____

High School Last Attended _____

Cumulative Un-Weighted High School GPA _____

ACT Composite _____ SAT Combined (CR+M+W) _____

College(s) Previously Attended _____

Cumulative College GPA _____ College Credits Earned _____

Academic Honors

Briefly list or describe your academic honors _____

Extracurricular and Volunteer Activities

Please list your extracurricular and volunteer activities.

Activity	Grade Level or College					Positions held or recognition received
	9	10	11	12	C	
_____						_____
_____						_____
_____						_____
_____						_____
_____						_____
_____						_____

Work Experience

Please list the jobs you have held during the past two years.

	Approximate dates (mm/yyyy)	Approximate # of hours spent per week
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that the above information is true and correct to the best of my knowledge.

Student Signature _____ Date _____

* This information will be used to validate student scholarships and awards. We ask you to fill out this page completely to aid in this process.