



The University of Montana
 32125 Bio Station Lane Polson, MT 59860-6815
 406-982-3301 www.umt.edu/flbs flbs@flbs.umt.edu

FOR OFFICE USE ONLY	
* Application/Transcript Rec'd.	_____ / _____
* Action	_____ Date _____
* Deposit	_____ Check#/CC# _____
* Date Credit Card Deposit Payment	_____
* Date/Type of Full Payment	_____
* Scholarship (Y/N)	_____
* Online Date	_____

SUMMER SESSION 2009 APPLICATION AND REGISTRATION FORM

Full Name (Last, First, MI) _____ Nickname _____ Gender _____

Social Security Number or UM Student Identification Number _____

Present Address (Street/Box No.) _____ City _____ State _____ Zip _____

E-mail Address _____ Present Day Phone _____

Cell Phone _____

Birth Date (MO/DAY/YR) _____ Occupation or School Now Attending _____

How will you register? Undergraduate _____ Graduate _____ No Credit (Audit) _____

Graduate credit involves additional requirements for students. Please ensure the courses selected are approved for graduate credit. To receive graduate credit, the following information is required. Please note The University of Montana does not grant graduate credit retroactively.

Degree(s) granted _____ Year _____ Institution _____

Your answers to the following questions help UM maintain your academic history accurately:

1. Have you ever been admitted to The University of Montana? Yes No (If no, go to question No. 4)
2. If yes, when did you last enroll? Quarter/Semester _____ Year _____
3. Under what name did you last enroll, if different than current? _____
4. Have you ever enrolled in any UM Extended Studies courses? Yes No

Please indicate your level of educational achievement (check one):

Less than high school Some college Graduate degree

High school diploma or GED Bachelor's degree Some graduate work

Please refer to the Summer Course Offerings when completing this section. Enter the Course Number, Credits and Title of your selected course(s). *CRN and section number to be entered by the Biological Station.

FIRST CHOICE COURSES						SECOND CHOICE COURSES					
Dept.	CRN	Course	Sec.	Credits	Title	Dept.	CRN	Course	Sec.	Credits	Title
Abbrev.	No.*	No.	No.*			Abbrev.	No.*	No.	No.*		
BIOL						BIOL					
BIOL						BIOL					
BIOL						BIOL					
BIOL						BIOL					
BIOL						BIOL					

I hereby certify that, to the best of my knowledge, the foregoing information is true and complete without evasion or misrepresentation.

Your Signature _____ Date _____

Please check below your option for room and board during the summer session. Rooms will be filled on a first-come, first-served basis. Students must live on the Biological Station grounds. All room assignments are final. Cabins are usually the lodging of choice.

- | | |
|---|--|
| <input type="checkbox"/> Plan A (2-week) | <input type="checkbox"/> Cabin - double occupancy |
| <input type="checkbox"/> Plan B (4-week FT) | <input type="checkbox"/> Cabin - single occupancy (pending availability) |
| <input type="checkbox"/> Plan C (4-week PT) | <input type="checkbox"/> Dorm Room - double occupancy |
| <input type="checkbox"/> Plan D (6-week) | <input type="checkbox"/> Dorm Room - single occupancy |
| <input type="checkbox"/> Plan E (8-week) | |

Name or preferences of roommate desired. It is helpful to know if you smoke or if you object to smoking by a roommate (NOTE: all rooms are nonsmoking).

Smoker Nonsmoker

How did you learn about the summer program at the Biological Station? _____

Address/Phone/E-mail after May 15 or at end of your Spring Qtr./Semester

Date Spring Quarter/Semester 2009 ends at your university/college _____

Permanent Full Address _____

Emergency Contact: Name _____ Relationship _____

Address _____ Phone _____

Current residency status: Montana Resident _____ Nonresident _____

Undergraduate Major Field _____ Graduate Major Field _____

Course Fees:	
Total Credits = _____ @ \$330/credit =	\$ _____
Room/Board Fees =	\$ _____
Total Fees =	\$ _____
Deposit =	\$ <u>-100.00</u>
Balance Due (no later than June 5)	\$ _____

Deleted: May 19

Enclose a deposit of \$100 with this application (check or money order payable to The University of Montana or complete Credit Card information below). Cancellations received in writing at the Biological Station by May 26 will result in a refund, less a \$50 processing fee. No refundable cancellations will be accepted after this date.

MasterCard VISA Card # _____
(Please note - these are the only Credit Cards accepted at the Biological Station)

Expiration Date: _____ Signature _____

The Biological Station requires unaltered transcripts for all non-UM students in order to complete the application process.

Are you applying for a scholarship? Yes _____ No _____

Please verify all scholarship materials have been received at the Biological Station by April 15, 2009. Incomplete or late scholarship applications will not be considered.