APPLICATION FOR
GRADUATE NONDEGREE READMISSION

Students who previously attended The University of Montana in a graduate nondegree status and have been gone from school for two years (24 months) or more, use this form to reapply for the same status. A $20 application fee, payable to The University of Montana, must accompany this form.

Students whose only previous enrollment has been in continuing education courses must use the standard graduate nondegree application to apply.

Health Form – Students readmitted after a 24-month absence must complete and submit to the Curry Health Center a Medical History Record before registration can be permitted.

<table>
<thead>
<tr>
<th>Name (Last or Family/Surname, First, Middle, Other Name(s))</th>
<th>Student ID No.</th>
<th>Date of Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present Mailing Address No. &amp; Street</td>
<td>City</td>
<td>State/Country</td>
</tr>
<tr>
<td></td>
<td>Zip/Postal Code</td>
<td>Area Code/Phone No.</td>
</tr>
<tr>
<td>Permanent Mailing Address No. &amp; Street</td>
<td>City</td>
<td>State/Country</td>
</tr>
<tr>
<td></td>
<td>Zip/Postal Code</td>
<td>Area Code/Phone No.</td>
</tr>
<tr>
<td>E-Mail Address</td>
<td>Date of Birth (mo/day/yr)</td>
<td></td>
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</table>

Status Reapplying for:
Graduate Nondegree

Objective (designate one):
___ For teacher certification
___ For transfer to another institution
___ For personal/professional development
___ To prepare for a graduate degree program in ________________________
___ Other ___________________________________________________________

Term & Year Expected to Enter:
Fall
Spring
Summer

(Applicant Must Complete Reverse Side)
If you are not a U.S. citizen, are you a “Lawful Permanent Resident” of the U.S.? Yes____ No____ If yes, please provide a photocopy of your Alien Registration Receipt Card or “Green Card”

Were you in the armed services? Yes____ No ____ If yes, dates and locale of active duty:

Have you ever lived in Montana? Yes ____ No ____ If yes, most recent uninterrupted period (from)______________________ (to)_______________________

Of what state are you a resident?

If you claim Montana residency, complete the appropriate column information below

If your parents claim you as a federal tax exemption, answer the following:

Father’s Name __________________________________________________________
Mailing Address _________________________________________________________
Area Code/Phone No. ____________________________

Mother’s Name __________________________________________________________
Mailing Address _________________________________________________________
Area Code/Phone No. ____________________________

• When did your parent’s (s’) Montana residency begin? _______________________
• Where and when did they last file state income tax return?___________________
• Where and when did they last vote? _______________________________________
• What is their employment status (full-time, part-time, retired)?_________________
• Occupation(s)? _________________________________________________________
• Employer(s)? ___________________________________________________________
• Date present employment began? ________________________________________

If your parents do not claim you as a federal tax exemption, answer the following:

• When did your residency in Montana begin? ___________________________________
• Where and when did you last file state income tax returns?___________________
• Have you been continuously present in Montana for the past 12 months? Yes____
No _____ explain______________________________
• Where and when did you last vote? _______________________________________
• From what state is your driver’s license and date issued?_____________________
• In what state is your motor vehicle registered and the current license date?

If you were previously declared a non-resident and now believe you qualify for in-state status, you should also complete a Residency Questionnaire packet (available from the Graduate School) and submit it (including documentation) along with this application.

***INTERNATIONAL APPLICANTS***
BE SURE TO COMPLETE ALL APPLICABLE SECTIONS

Name and relationship of each dependent coming to the United States with you:

Spouse’s name, complete mailing address and phone number:

If you are now in the United States, indicate non-immigrant visa type and expiration date:

<table>
<thead>
<tr>
<th>Language Preparation</th>
<th>Financial Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Which evidence of English proficiency do you wish to present?</td>
<td>Funds available from savings $ ______________________________</td>
</tr>
<tr>
<td>What language is spoken in your home?</td>
<td>Committed by family or friends $ ______________________________</td>
</tr>
<tr>
<td>How many years of formal instruction in English have you completed?</td>
<td>Committed by your government $ ______________________________</td>
</tr>
<tr>
<td>At what educational level was that instruction?</td>
<td>Other funding resources (please designate) ____________________</td>
</tr>
</tbody>
</table>

Have you ever been subject to discipline, suspension or probation at any institution of post-secondary education for reasons not related to academic performance? Yes ____ No ____ If yes, at what institution?

Have you ever been convicted of a criminal offense involving physical injury to persons or property or otherwise institutionalized for conduct causing physical injury to persons or property? Yes____ No ____

I certify that the information in this application is true and complete to the best of my knowledge and understand that inaccurate information may affect my admission, enrollment, and/or financial aid status.

Applicant’s Full Legal Signature ____________________________ Date ____________________________

Revised 8/20