

# UNDERGRADUATE APPLICATION FOR READMISSION

REGISTRAR'S OFFICE  
THE UNIVERSITY OF MONTANA

MISSOULA, MT 59812  
(406) 243-2995

Name \_\_\_\_\_ ID (SS#) \_\_\_\_\_  
(Last) (First) (Middle/Maiden)

[List any other name under which your records might appear \_\_\_\_\_]

Mailing Address: \_\_\_\_\_ Permanent Address: \_\_\_\_\_  
(Street Address/PO Box) (Street Address/PO Box)

\_\_\_\_\_  
(City) (COUNTY) (State) (Zip) (City) (COUNTY) (State) (Zip)

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ Telephone Number (\_\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_\_

**PLAN TO ENROLL: Year \_\_\_\_\_ Effective Term \_\_\_\_\_**  
 (Readmission is withdrawn if not followed by enrollment for the effective term)

**FOR OFFICE USE ONLY**

Previous term information:  
 Last enrolled: Year \_\_\_\_\_ Term \_\_\_\_\_

Academic Status: \_\_\_\_\_

Undergraduate Nondegree

Undergraduate Degree:  
 Major \_\_\_\_\_  
 Minor \_\_\_\_\_  
 Option \_\_\_\_\_

Degree earned? \_\_\_ Yes \_\_\_ No

STATUS

**ADMISSION STATUS (explanation on reverse side):**

Status will be:

- Undergraduate Nondegree (not seeking a degree)
- Undergraduate Degree (seeking first degree)  
 Major(s) \_\_\_\_\_  
 Minor(s) \_\_\_\_\_  
 Option(s) \_\_\_\_\_
- Post Baccalaureate (taking additional undergraduate credit courses, or seeking second undergraduate degree)  
 Major \_\_\_\_\_ or  General Studies

RESIDENCY

Sex:  male  female

Ethnic background:  American Indian/Alaskan Native  Black Non-Hispanic  Oriental/Asian  Spanish Surname  White

Tribal Affiliation \_\_\_\_\_

Are you a citizen of the United States?  Yes  No If no, what is your immigration status? \_\_\_\_\_

What was your residency status for fee purposes when last enrolled at The University of Montana-Missoula?  
 Out of State (nonresident) Note: If you believe that you qualify for instate status, you may sign and date this application below, and submit it along with a completed petition for instate fee classification (available at the Registrar's Office).

Instate (resident)

Have you been absent from the state of Montana for a total of twelve months or more since your last enrollment at The University of Montana-Missoula?  NO  YES (If yes, please explain why & how long you were absent.)

\_\_\_\_\_

Do your parents/legal guardian claim you as a federal income tax exemption?

YES If yes, list your parent/guardian's name and address, then complete the reverse side of this application: \_\_\_\_\_

NO If no, please complete questions a-h below:

- a. Of what state are you a resident? \_\_\_\_\_ Date residency began \_\_\_\_\_
- b. Your actual dates of physical presence in that state: From \_\_\_\_\_ To \_\_\_\_\_
- c. Your most recently filed state income tax return: Tax year: \_\_\_\_\_ In what state? \_\_\_\_\_  
 As a part-year resident  As a full-year resident
- d. Your current voter registration: State \_\_\_\_\_ Date issued: \_\_\_\_\_
- e. Your current driver's license: State \_\_\_\_\_ Date issued: \_\_\_\_\_
- f. Your current auto registration: State \_\_\_\_\_ Date registered \_\_\_\_\_
- g. What is your employment status? \_\_\_ full-time \_\_\_ part-time \_\_\_ retired \_\_\_ unemployed \_\_\_ seasonal  
 Name and address of employer: \_\_\_\_\_  
 Date of start of employment: \_\_\_\_\_
- h. What is your spouse's employment status? \_\_\_ full-time \_\_\_ part-time \_\_\_ retired \_\_\_ unemployed \_\_\_ seasonal  
 Name and address of employer: \_\_\_\_\_  
 Date of start of employment: \_\_\_\_\_

(Must Complete Reverse Side)

OVER →

