

**GRADUATE SCHOOL
APPLICATION FOR READMISSION**

THE UNIVERSITY OF MONTANA

Graduate School
32 Campus Drive #2592
Missoula, MT 59812-2592
Telephone: 406.243.2572

E-mail grad.school@umontana.edu
Web site: www.umt.edu/grad

A \$20 application fee, payable to The University of Montana, must accompany this form

Name (Last or Family/Surname, First, Middle, Other Name(s))		Student ID No.	Date of Application
Present Mailing Address No. & Street Code	City	State/Country	Zip/Postal Area Code/Phone No.
Permanent Mailing Address No. & Street Code	City	State/Country	Zip/Postal Area Code/Phone No.
Diploma Mailing Address No. & Street Code	City	State/Country	Zip/Postal Area Code/Phone No.
E-Mail Address		Date of Birth (mo/day/yr)	
Department/Program Applying to: Major _____ Option _____	Degree Objective (designate one): MA <input type="checkbox"/> MIS <input type="checkbox"/> EdD <input type="checkbox"/> MACCT <input type="checkbox"/> MM <input type="checkbox"/> EdS <input type="checkbox"/> MEd <input type="checkbox"/> MS <input type="checkbox"/> PhD <input type="checkbox"/> MBA <input type="checkbox"/> MPA <input type="checkbox"/> MPH <input type="checkbox"/> MEM <input type="checkbox"/> MSTC <input type="checkbox"/> CPH <input type="checkbox"/> MFA <input type="checkbox"/> MSW <input type="checkbox"/>		Term & year expected to enter graduate school: Fall _____ Spring _____ Summer _____ (Readmission is withdrawn if not followed by enrollment for the expected term) Term & year of anticipated graduation date: Fall _____ Spring _____ Summer _____
Circumstances that have delayed your entrance into the program or degree completion:			
Timeline for completing degree requirements: (complete this section only if you previously attended)			
APPROVED:			
Adviser's Signature: _____		Date: _____	
Program Chair's Signature: _____		Date: _____	

(Applicant Must Complete Reverse Side)

If you are not a U.S. citizen, are you a "Lawful Permanent Resident" of the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide a photocopy of your Alien Registration Receipt Card or "Green Card"			
Were you in the armed services? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, dates and locale of active duty: _____			
Have you ever lived in Montana? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, most recent uninterrupted period (from) _____ (to) _____	
Of what state are you a resident? _____		Are you a WICHE applicant? Yes <input type="checkbox"/> No <input type="checkbox"/>	

If you claim Montana residency, complete the appropriate column information below	
<p>If your parents claim you as a federal tax exemption, answer the following:</p> <p>Father's Name _____ Phone: _____ Mailing Address: _____</p> <p>Mother's Name: _____ Phone: _____ Mailing Address: _____</p> <ul style="list-style-type: none"> • When did your parent's (s) Montana residency begin? _____ • Where and when did they last file a 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? _____ 	<p>If your parents do not claim you as a federal tax exemption, answer the following:</p> <ul style="list-style-type: none"> • 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 <input type="checkbox"/> No <input type="checkbox"/> Explain _____ • Where and when did you last vote? _____ • In what state is your motor vehicle registered and the current license date? _____ • From what state is your driver's license and date issued? _____ • If you are married, what is your spouse's employment status (full-time, part-time, retired)? _____ • Spouse's employer and date employment began: _____

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.

Have you ever been subject to discipline, suspension or probation at any institution of post-secondary education for reasons not related to academic performance? No <input type="checkbox"/> Yes <input type="checkbox"/> 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? No <input type="checkbox"/> Yes <input type="checkbox"/>

<p>I certify that the information in this application is true and complete to the best of my knowledge and I understand that inaccurate information may affect my readmission, enrollment and/or financial aid status.</p>	<p>Applicant's Full Legal Signature</p>	<p>Date</p>
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GRADUATE SCHOOL OFFICE USE ONLY

Approved by Graduate Dean: _____	\$20 Application Fee _____ Added to CyberBear _____
Previous term information: Last enrolled: _____	Date: _____
Continuous registration requirement: _____	Residency determination for fee purposes: _____