

**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](mailto:grad.school@umontana.edu)  
Web site: [www.umt.edu/grad](http://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			Term & year expected to enter graduate school: Fall _____ Spring _____ Summer _____ (Readmission is withdrawn if not followed by enrollment for the expected term)  Term & year of anticipated graduation date: Fall _____ Spring _____ Summer _____	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)					
<b>Did you Defer your Initial Admissions? Yes _____ No _____</b>					
<b>APPROVED:</b>					
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 <b>claim you</b> as a federal tax exemption, answer the following:</p> <p>Father's Name _____ Phone: _____</p> <p>Mailing Address: _____</p> <p>Mother's Name: _____ Phone: _____</p> <p>Mailing Address: _____</p> <ul style="list-style-type: none"> <li>• When did your parent's (s) Montana residency begin? _____</li> <li>• Where and when did they last file a state income tax return? _____</li> <li>• Where and when did they last vote? _____</li> <li>• What is their employment status (full-time, part-time, retired)? _____</li> <li>• Occupation(s)? _____</li> <li>• Employer(s)? _____</li> <li>• Date present employment began? _____</li> </ul>	<p>If your parents <b>do not claim</b> you as a federal tax exemption, answer the following:</p> <ul style="list-style-type: none"> <li>• When did your residency in Montana begin? _____</li> <li>• Where and when did you last file state income tax returns? _____</li> <li>• Have you been continuously present in Montana for the past 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/> Explain _____</li> <li>• Where and when did you last vote? _____</li> <li>• In what state is your motor vehicle registered and the current license date? _____</li> <li>• From what state is your driver's license and date issued? _____</li> <li>• If you are married, what is your spouse's employment status (full-time, part-time, retired)? _____</li> <li>• Spouse's employer and date employment began: _____</li> </ul>

**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><b>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.</b></p>	<p><b>Applicant's Full Legal Signature</b></p>	<p><b>Date</b></p>
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**GRADUATE SCHOOL OFFICE USE**

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