

TRANSMITTAL OF UNDERGRADUATE APPLICATION MATERIALS

MSU - BOZEMAN, OFFICE OF THE REGISTRAR, 101 MONTANA HALL, MONTANA STATE UNIVERSITY, 59717-2660

An \$8 fee is due when this form is submitted. If you have never attended a participating Montana University System institution you may not use this form; you must complete and submit an Application for Admission.

PROVIDE THE INFORMATION BELOW, PRINT THE FORM, SIGN IT, AND RETURN IT WITH THE \$8 FEE TO THE OFFICE OF THE REGISTRAR.

STUDENT NAME: LAST, FIRST MIDDLE (AND PREVIOUS NAMES):		DATE OF BIRTH (MM/DD/YYYY):	STUDENT ID# OR SSN#:
EMAIL ADDRESS:		PHONE NUMBER(S):	
CURRENT MAILING ADDRESS:	CITY:	STATE:	ZIP CODE:
STATE IN WHICH YOU CLAIM RESIDENCY:	HOW LONG HAVE YOU LIVED IN THIS STATE?	HAVE YOU BEEN OUTSIDE MONTANA FOR MORE THAN 30 DAYS IN THE LAST 12 MONTHS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
ARE YOU REGISTERED TO VOTE IN MONTANA? YES <input type="checkbox"/> NO <input type="checkbox"/>	DO YOU FILE MONTANA TAXES? YES <input type="checkbox"/> NO <input type="checkbox"/>	YEAR OF MOST RECENT MONTANA TAX FILING:	
COUNTY IN WHICH YOU CLAIM RESIDENCY:	HOW LONG HAVE YOU LIVED IN THIS COUNTY?	HOW LONG HAVE YOU LIVED AT YOUR CURRENT ADDRESS?	
INSTITUTION YOU ARE TRANSFERRING TO (CHECK ONE):	<input type="checkbox"/> HELENA COLLEGE - UM <input type="checkbox"/> HIGHLANDS COLLEGE - MT TECH <input type="checkbox"/> UNIVERSITY OF MONTANA <input type="checkbox"/> DAWSON COMMUNITY COLLEGE <input type="checkbox"/> MILES COMMUNITY COLLEGE <input type="checkbox"/> UM WESTERN <input type="checkbox"/> FLATHEAD VALLEY COMMUNITY COLLEGE <input type="checkbox"/> MISSOULA COLLEGE - UM <input type="checkbox"/> MONTANA TECH OF THE UM		
EXPECTED ENROLLMENT TERM (SPRING, SUMMER, FALL) & YEAR:		INTENDED DEGREE & MAJOR:	

USE BACK OF THIS FORM IF EXTRA WRITING SPACE IS NEEDED FOR ANY ANSWERS BELOW

☐ HAVE YOU EVER BEEN CONVICTED OF A FELONY (INCLUDE INSTANCES OF DEFERRED SENTENCING)? YES ☐ NO ☐
IF YOU HAVE ANSWERED "YES" TO THIS QUESTION, PROVIDE INFORMATION FOR EVERY SUCH CONVICTION

☐ HAVE YOU EVER BEEN SUBJECTED TO COURT-ORDERED CONFINEMENT FOR THREATENING OR CAUSING PHYSICAL OR EMOTIONAL INJURY TO PERSONS OR TO PROPERTY? YES ☐ NO ☐
IF YOU HAVE ANSWERED "YES" TO THIS QUESTION, PROVIDE INFORMATION FOR EVERY SUCH INCIDENT

☐ HAVE YOU EVER BEEN DISCIPLINED, SUSPENDED FROM, OR PLACED ON PROBATION AT ANY EDUCATIONAL INSTITUTION FOR NON-ACADEMIC REASONS? YES ☐ NO ☐
IF YOU HAVE ANSWERED "YES" TO THIS QUESTION, PROVIDE INFORMATION FOR EVERY SUCH INCIDENT

☐ HAVE YOU EVER BEEN REQUIRED TO REGISTER AS A SEXUAL OR VIOLENT OFFENDER? YES ☐ NO ☐
IF YOU HAVE ANSWERED "YES" TO THIS QUESTION, PROVIDE INFORMATION FOR EVERY SUCH INCIDENT

LIST ALL POST-SECONDARY INSTITUTIONS ATTENDED, SPECIFYING CAMPUS AND DATES OF ENROLLMENT.

NAME OF INSTITUTION	LOCATION (CITY/STATE)	ATTENDED FROM (MM/YYYY)	ATTENDED TO (MM/YYYY)

USE BACK OF THIS FORM IF EXTRA SPACE IS NEEDED

I understand that, by signing this transmittal request, I am authorizing the sending institution to include any information that is relevant to the admissions decision and is part of my admissions file in the Montana University System.

Applicant's Signature

Date

~ FOR REFERENCE ONLY ~

**DAWSON COMMUNITY
COLLEGE**

ADMISSIONS OFFICE
300 COLLEGE DR.
GLEN DIVE, MT 59330

**FLATHEAD VALLEY
COMMUNITY COLLEGE**

ADMISSIONS OFFICE
777 GRANDVIEW DR.
KALISPELL, MT 59901

**HELENA COLLEGE
UNIVERSITY OF MONTANA**

ADMISSIONS OFFICE
1115 NORTH ROBERTS
HELENA, MT 59601

**HIGHLANDS COLLEGE
OF MONTANA TECH**

ADMISSIONS OFFICE
1300 WEST PARK ST.
BUTTE, MT 59701

MILES COMMUNITY COLLEGE

ADMISSIONS OFFICE
2715 DICKINSON
MILES CITY, MT 59301

**MISSOULA COLLEGE
UNIVERSITY OF MONTANA**

UNDERGRADUATE ADMISSIONS
GILKEY BUILDING
950 ARTHUR AVENUE
MISSOULA, MT 59812

**MONTANA TECH OF THE
UNIVERSITY OF MONTANA**

ADMISSIONS OFFICE
1300 WEST PARK ST.
BUTTE, MT 59701

**UNIVERSITY OF MONTANA
UNDERGRADUATE ADMISSIONS**

GILKEY BUILDING
950 ARTHUR AVENUE
MISSOULA, MT 59812

**UNIVERSITY OF MONTANA •
WESTERN**

ADMISSIONS OFFICE
710 SOUTH ATLANTIC
DILLON, MT 59725

OFFICE OFFICIAL ONLY: I HEREBY CERTIFY THIS RECORD IS COMPLETE. ALL DOCUMENTS
RELEVANT TO ADMISSION AT OUR INSTITUTION HAVE BEEN TRANSFERRED TO YOU IN FULL.

SIGNATURE OF THE REGISTRAR

DATE

THE STUDENT HAS COMPLETED:

INITIAL HAVEN/PETSA

INITIAL ALCOHOLEDU

MACRAO STAMP