

TRANSMITTAL OF UNDERGRADUATE APPLICATION MATERIALS

CONTACT INFORMATION			
STUDENT FULL NAME (LAST, FIRST MIDDLE INITIAL):		LIST ANY PREVIOUS NAMES	
DATE OF BIRTH (MM/DD/YYYY):	PRIMARY PHONE NUMBER		SECONDARY PHONE NUMBER
EMAIL ADDRESS:			
CURRENT MAILING ADDRESS:	CITY:	STATE:	ZIP CODE:

RESIDENCY INFORMATION			
ARE YOU A MONTANA RESIDENT? IF NO, WHICH STATE?		WHAT IS YOUR COUNTRY OF CITIZENSHIP?	
YES	NO	STATE:	
DID YOU GRADUATE FROM A MONTANA HIGH SCHOOL? IF SO, WHAT YEAR (YYYY) AND WHAT IS THE NAME OF THE SCHOOL?			DID YOU SPEND YOUR ENTIRE SENIOR YEAR AT THAT HIGH SCHOOL?
YES	NO	YEAR:	NAME:
YES	NO	WHAT IS THE REASON FOR MOVING TO MONTANA?	
HAVE YOU LIVED IN MONTANA FULL-TIME FOR THE LAST 12 MONTHS?		HAVE YOU BEEN ABSENT FROM MONTANA FOR MORE THAN 30 DAYS IN THE LAST 12 MONTHS?	
YES	NO	YES	NO
IF YOU HAVE BEEN ABSENT FROM MONTANA FOR MORE THAN 30 DAYS IN THE LAST 12 MONTHS, WHAT IS THE REASON FOR THE ABSENCE?			
ARE YOU A SERVICE MEMBER ASSIGNED TO ACTIVE DUTY IN MONTANA?	ARE YOU THE SPOUSE OF A SERVICE MEMBER ASSIGNED TO ACTIVE DUTY IN MONTANA?	ARE YOU THE DEPENDENT OF A SERVICE MEMBER ASSIGNED TO ACTIVE DUTY IN MONTANA?	
YES	NO	YES	NO
HAVE YOU REGISTERED TO VOTE IN ANY STATE? IF SO, WHICH STATE AND WHEN DID YOU REGISTER TO VOTE (MM/YYYY)?			
YES	NO	DATE REGISTERED:	
DO YOU CURRENTLY HAVE A DRIVER'S LICENSE, STATE ISSUED ID CARD, OR TRIBAL ID CARD? IF SO, WHICH STATE AND WHAT IS THE DATE ISSUED (MM/DD/YYYY)?			IS THIS A RENEWAL OF A PREVIOUS MONTANA LICENSE?
YES	NO	STATE:	ISSUED:
YES	NO	STATE:	NAME:
DO YOU OWN OR REGULARLY OPERATE A VEHICLE IN MONTANA? IF SO, WHERE WAS IT REGISTERED, WHO REGISTERED, AND WHEN REGISTERED (MM/YYYY):			IS THIS A RENEWAL OF A PREVIOUS MONTANA VEHICLE REGISTRATION?
YES	NO	STATE:	NAME:
DO YOU OR A SPOUSE HAVE FULL-TIME EMPLOYMENT IN MONTANA? OR ARE YOU THE DEPENDENT CHILD OF SOMEONE WITH FULL-TIME EMPLOYMENT IN MONTANA?		WHO HAS FULL-TIME EMPLOYMENT?	
YES	NO	ME	MY SPOUSE
NAME AND CITY OF EMPLOYER OF THE PERSON WHO HAS FULL-TIME EMPLOYMENT IN MONTANA.			WHEN DID EMPLOYMENT START? (MM/DD/YYYY)
EMPLOYER:	CITY:		
HAVE YOU FILED A MONTANA TAX RETURN? IF YES, WHAT ARE THE LAST 2 YEARS YOU FILED? (YYYY,YYYY)	DOES ANYONE CLAIM YOU AS A DEPENDENT ON THEIR FEDERAL TAX RETURN?	DOES THIS PERSON LIVE IN MONTANA?	
YES	NO	YEARS:	YES
WHEN DID THEY ARRIVE IN MONTANA? (MM/YYYY)	HAS THIS PERSON LIVED IN MONTANA FULL-TIME FOR THE LAST 12 MONTHS?	WHAT IS THE REASON FOR THIS PERSON MOVING TO MONTANA?	
	YES	NO	

ENROLLMENT INFORMATION		
WHAT INSTITUTION ARE YOU CURRENTLY ATTENDING?	WHAT INSTITUTION ARE YOU TRANSFERRING TO?	EXPECTED ENROLLMENT YEAR (YYYY) & TERM
INTENDED DEGREE & MAJOR -OR- UNDECIDED?		

LIST ALL UNIVERSITIES ATTENDED, SPECIFYING CAMPUS AND DATES OF ENROLLMENT.

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

I AUTHORIZE MY CURRENT INSTITUTION TO SEND MY MMR RECORDS TO THE TRANSFERRING INSTITUTION I'VE SELECTED. YES NO

WERE YOU EVER SUSPENDED OR DISMISSED FOR ACADEMIC REASONS FROM ANY OF YOUR PREVIOUS INSTITUTIONS? YES NO
IF YOU HAVE ANSWERED "YES" TO THIS QUESTION, PROVIDE INFORMATION FOR EVERY SUCH INCIDENT

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. I AM CERTIFYING THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. ANY FALSIFICATION OR OMISSION OF DATA MAY RESULT IN DENIAL OR ADMISSION OR DISMISSAL. I UNDERSTAND THAT I HAVE A CONTINUING OBLIGATION TO UPDATE THE UNIVERSITY IF ANY INFORMATION IN THIS APPLICATION CHANGES BEFORE ENROLLMENT AND THAT FAILURE TO DO SO MAY CONSTITUTE A VIOLATION OF THE CODE OF STUDENT CONDUCT.

SAFETY & SECURITY

In the interest of campus safety, the following questions are asked of all applicants. Answering “yes” to any of these questions will not automatically prevent admission. Each application is reviewed and evaluated on an individual basis. **You will have an opportunity to respond and provide additional information to be reviewed by the Campus Safety Questionnaire Review Committee. Any falsification or omission of information may result in a denial of admission or referral to the appropriate office.**

HAVE YOU BEEN CONVICTED OF OR PLED GUILTY OR NO CONTEST TO ANY CRIME, INCLUDING IN ANY MILITARY PROCEEDING, REGARDLESS OF LOCATION? YES NO

IF YOU HAVE ANSWERED “YES” TO THIS QUESTION, PROVIDE INFORMATION FOR EVERY SUCH CONVICTION

DO YOU HAVE ANY PENDING CRIMINAL CHARGES AGAINST YOU (FELONY OR MISDEMEANOR, INCLUDING MILITARY PROCEEDINGS), REGARDLESS OF LOCATION? YES NO

IF YOU HAVE ANSWERED “YES” TO THIS QUESTION, PROVIDE INFORMATION FOR EVERY SUCH INCIDENT

HAVE YOU EVER BEEN EXPELLED, DISMISSED, SUSPENDED OR PLACED ON PROBATION (INCLUDING PENDING CHARGES) FROM ANY ACADEMIC INSTITUTION, COLLEGIATE OR HIGH SCHOOL? 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

I AM CERTIFYING THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

I AGREE I DISAGREE

I UNDERSTAND THAT I HAVE A CONTINUING OBLIGATION TO UPDATE THE UNIVERSITY IF ANY INFORMATION IN THIS APPLICATION CHANGES BEFORE ENROLLMENT AND THAT FAILURE TO DO SO MAY CONSTITUTE A VIOLATION OF THE CODE OF STUDENT CONDUCT.

I AGREE I DISAGREE

OFFICE OFFICIAL ONLY:

SEND COMPLETED TRANSMITTAL PACKET VIA **SECUREMAIL** TO:

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	MACRAO STAMP
THE STUDENT HAS COMPLETED (INITIAL NEXT TO ITEMS BELOW):			
THRIVING TOGETHER			
STUDENT RESIDENCY STATUS AT YOUR INSTITUTE:	RESIDENT	NON-RESIDENT	