



Registrar & Records
1500 University Drive
Billings, MT 59101-0245
1-406-657-2158
registrar@msubillings.edu

Former Student Application

Term of Intended Return to MSU Billings: Fall Spring Summer Year: _____

Personal Information

Student ID (or last 4 of SSN)	Last Name	First Name	Middle Name	Previous Name(s)	
Mailing Address			City	State	Zip
Permanent Address			City	State	Zip
Email Address	Cell Phone	Home Phone	Birth Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

Ethnicity information is for statistical analysis only. It is not used in the admission process and will have no bearing on your admission status.

Indicate your ethnic identity:

- Hispanic / Latino
 Not Hispanic or Latino

If not Hispanic or Latino, indicate which of one or more racial categories should be used to classify you:

- American Indian or Alaska Native Specify primary tribal affiliation or reservation: _____
 Asian Specify country of origin: _____
 African American
 Native Hawaiian or Other Pacific Islander Specify country of origin: _____
 White

Educational Information

Do you currently hold a bachelors or a masters degree? Yes No

Proposed major upon returning to MSU Billings: _____ Degree: _____

Previous dates of attendance at MSU Billings/EMC/BVTC: _____

List all post-secondary institutions attended, including MSU Institutions. Contact all institutions and request an official transcript be sent to the MSU Billings Registrar & Records Office.

Name of College or University	City	State	Attendance Dates (to - from)	Degrees/Credits Earned

Residency Classification

Are you a US citizen? Yes No

If not US, are you a permanent resident alien of the US? Yes No

Have you lived in Montana for the past 12 continuous months? Yes No

Are you a resident of Montana? Yes No

If you are not a resident of Montana, in which state do you claim residency? _____

Do you file Montana taxes? Yes No

Year of most recent Montana tax filing: _____

If you own a vehicle, is it registered in Montana? Yes No

Do you have a MT Drivers License or State ID? Yes No

Date of Issue: _____

Safety and Security

Have you ever been convicted of a felony (please include instances of deferred sentencing)? Yes No

Have you ever been subjected to court-ordered confinement for threatening or causing physical or emotional injury to persons or property? Yes No

Have you ever been disciplined, suspended from, or placed on probation at any educational institution for non-academic reasons? Yes No

Have you ever been required to register as a sexual or violent offender? Yes No

I hereby certify that to the best of my knowledge the foregoing information is true and complete without evasion or misrepresentation. I understand that if it is later found otherwise, it is sufficient cause for rejection or dismissal. If my application for admission is approved, I agree to abide by the present and future rules and regulations, both academic and nonacademic, and the scholastic standards of the appropriate institution, its colleges, schools, departments and institutes, including but not limited to those rules, regulations and standards stated in both the undergraduate and graduate catalogs. I further acknowledge that if I fail to adhere to these regulations or meet these requirements, my registration may be canceled.

Signature _____ Date _____

Internal Use Only

Processed by:	Date:
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