Admission Procedures

1. High School transcript, GED, HiSET or MSUB Readiness Test scores.

If you are a first-time student with fewer than 12 college credits, submit a copy of your current high school transcript and a final high school transcript when you graduate, or GED test scores, HiSET or MSUB Readiness Test scores for review.

2. ACT or SAT Scores (optional)

If you are a first time student with fewer than 12 college credits, who has graduated from high school within the last 3 years, request your ACT or SAT test results be sent directly to the Admissions Office.

3. All Previous College Transcripts

If you are a transfer student, request official, complete transcripts from all previous colleges to be sent directly to the Registrar's Office. An evaluation of your transfer credits will be completed after you apply for admission. If you have sealed official transcripts, please submit them unopened.

4. Immunization Records

If you were born after December 31, 1956, submit proof of immunization that was administered after December 31, 1968. The immunization dates must also be after your first birthday. Requirements include proof of two (2) doses of immunization against Measles (Rubeola) and Rubella (German Measles) given at least 30 days apart. Include month/day/year. The record must be signed by a physician, health agency, or school official.

Send application for admission to:

Admissions Office Email - admissions@msubillings.edu or mail Montana State University Billings 1500 University Drive, Billings, MT 59101-0245

Applications can also be submitted to:

Admissions Office Montana State University Billings McMullen Hall 1st Floor West

For additional information:

Admissions Office 406-657-2888 or 800-565-MSUB admissions@msubillings.edu msubillings.edu

For complete information on admission requirements please go to msubillings.edu/future/apply

Annual Security & Fire Safety Report Notice of Availability http://www.msubillings.edu/future/asfsr/index.htm

Application For Admission

Please type or print all information. A non-refundable application fee of \$30 must accompany this application if you are not a resident of Montana.

| Institutional Information | | | | | |
|--|--|--|--|--|--|
| Desired term of enrollment: Fall term 20 Spring term 20 Summer term 20 | | | | | |
| Which campus do you plan on attending? | | | | | |
| Were you previously enrolled at Montana State University Billings? | | | | | |
| Dates of attendance: | | | | | |
| and/or dates of continuing education or extension enrollment: | | | | | |

Personal Information

We ask that you voluntarily provide this number, which permits the school to distinguish between individuals of the same or similar names. This is especially important should you request a transcript at a later date or wish to be considered for financial aid. You will not be penalized should you decline to provide your social security number.

Full Legal Name

I

| Last | Firs | st | | Middle | |
|---|---|---------------------|-----------------------------|--------|--|
| Previous Name(s) | | | | | |
| Cell Phone Number (|)E-mail a | ddress | | | |
| Birthdate/ | /Birthplace | | | | |
| Parent(s)/Guardian(s) Na | mes (if you are a dependent) | | | | |
| Country of citizenship | If not U.S., | are you a permanent | resident alien of the U.S.? | Yes No | |
| Social Security Number_ | - | _ | | | |
| Permanent address | | | | | |
| City | State | Zip | Phone number(|) | |
| If Montana, indicate coun | ty | | | | |
| Mailing address | | | | | |
| City | State | Zip | Phone number (|) | |
| Emergency Contac | t Information: | | | | |
| Contact Name | | | Relationshi | p | |
| Address | | | | | |
| | | | | Zip | |
| Home phone number (|) | | | | |
| Work phone number (|) | | | | |
| Cell phone number (|) | | | | |
| | | | | | |
| Statistical In Providing this informati | | | | | |
| Montana State University Billings does not discriminate in admission, or the provision of services nor employment policies on the basis of race, gender, national origin, marital status, creed, religion, color, age, or physical or mental handicap. Providing the following information requested by this section is voluntary and the information provided will not be used in a discriminatory manner. | | | | | |
| 1. Gender 🗌 Male | Female | | | | |
| 2. Have you served in the | military for a period of active duty lo | nger than 180 days? | Yes No | | |
| 3. Has either of your pare | nts or guardian(s) COMPLETED a b | achelor's degree? | Yes No | Unsure | |

4. Ethnic Identity

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

| b. If not Hispanic or Latino, indicate which of one or r | 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 |
| | |
| Students with Disabilities | |
| accommodation to either the Disability Support Services hay request it from either of the above noted offices. All a | ion of the institution to which you seek admittance, you may do so, before or after admission, by submitting a reques office or the Office of Admissions and Records. Applicants who need an alternative accessible format of this applica requests regarding disability will be confidential and will not be used as a factor in granting or denying admission. ducation building, room 135 and can be contacted at 657-2283/406-545-2518 (VP) or disability@msubillings.edu. |
| Educational Goal Please indicate your educational goal: | |
| Bachelor Degree (indicate field of study or undecided |) |
| Second Bachelor Degree (indicate field of study) | |
| Associate Degree or Certificate (indicate program) | |
| Non-Degree Seeking Undergraduate (not pursuing a | degree or certificate at this institution. Student is not eligible for financial aid at MSU Billings) |
| For personal/professional development | \Box For subsequent use toward an undergraduate degree or program at this school |
| \Box For transfer to another institution (specify plane | 5) |
| | |
|] Non-Degree Seeking Graduate (bachelor degree ear | ned; not pursuing a degree or certificate at this institution) |
| \Box For personal/professional development | \Box To satisfy graduate school deficiencies |
| ☐ For teacher certification | |
| \Box For transfer to another institution (specify plane | 5) |
| □ Other | |
| Post-Baccalaureate (bachelor degree earned) | |
| \Box For graduate school (Contact the Office of Gra | duate Studies for additional requirements.) |
| ☐ For teacher certification | |
| \Box To satisfy graduate school deficiencies | |
| □ Other | |
| Academic History | te: |
| Graduation date:/ | |
| Complete name of high school | |
| City | State |
| Vhat is your cumulative grade point average at this time | ? |
| vilatio your ournalativo grado point avorago at tilo tilio | |
| s this high school accredited by its state department/offic | ce of education? |

If you have attended or are attending a college or university or have military or dual credits, degree seeking students must provide the following information for each institution, whether or not credit was earned.

| Complete School Name | Location | Attendance period (term/year - term/year) | Degrees/credits earned | Cumulative G.P.A. |
|---------------------------------------|--|--|---------------------------|----------------------|
| | | | | |
| | | | | |
| | | | | |
| Were you ever suspended/dismissed for | or academic reasons from any of the ir | nstitutions listed above? Yes | No | |

If yes, please describe_

Residency Information

Montana residents, please carefully complete all of the following items. Failure to complete the information may result in you being misclassified as an out-of-state student. If any of the information is not applicable (NA) you may be asked to complete a Residency Questionnaire. Month and year are sufficient for dates more than two years past. In addition to your own information, if your parents claim you as a tax exemption, provide information on your parent or court appointed guardian.

| Are you claiming in-state | tuition classificat | ion as a Montana r | esident? | Yes | 🗌 No | (If yes, complete the fo | llowing questions. If no, skip to the Safety & Security questions) |
|-----------------------------|----------------------|-----------------------|---------------|-----------|------|----------------------------|--|
| A. Does your parent or lega | al guardian claim y | you as an income ta | ax exemption? | ? 🗌 Yes | 🗌 No | (If yes, please fill out t | he following question with their information) |
| 1. Who claims you as a | federal tax exemp | otion? | | | | | |
| Name | | | | | | Relationship | |
| 2. Date you began living | g in Montana (mo/ | day/yr) | | | | | |
| 3. Dates of extended ab | sences from Mon | tana (mo/day/yr) | | | | to_ | |
| Reason for absence_ | | | | | | | |
| 4. Have you filed a Mon | tana state income | tax return? | Yes | No | | | |
| 🗌 as a part-year resi | ident 🗌 | as a full-year resid | ent | | | | |
| List the last three yea | ars Montana incom | ne taxes have been | filed: | | | | |
| 5. Date of your Montana | a voter registratior | ı (mo/day/yr) | | | | | |
| 6. Do you have a currer | nt Montana driver's | s license? | Yes | No | | Issue date (m | o/day/yr) |
| Is this a renewal? | Yes | No | | | | | |
| 7. Date of your current I | Montana vehicle re | egistration (mo/day/ | /yr) | | | | |
| Is this a renewal? | | No | • / | | | | |
| 8. What is your employr | nent status? (che | ck all that apply) | | | | | |
| full-time | part-time | retired | | unemploye | ed | seasonal | permanent |
| Name and address | s of employer | | | | | | |
| | | | | | | | |
| Date of start of em | ployment | | | | | | |
| 9. What is your spouse | 's employment sta | atus? (check all that | apply) | | | | |
| full-time | part-time | | | unemploye | he | seasonal | permanent |
| | | | | . , | | | |
| Name and address | | | | | | | |
| Date of start of em | plovment | | | | | | |
| | | | | | | | |
| City and state from which | | | | | | | |
| , | | | | | | | |

C. Please fill in table below with information about yourself for the past two years:

| Dates | | Place of Residence | Employment | Schools Attended | |
|-------|----|--------------------|------------|------------------|--|
| From | То | Flace of Residence | Employment | Schools Attended | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Safety and Security T | his section must be completed by a | II applicants. | | |
|--|--|---|---|-------------------------------|
| A felony in Montana State law is defined as year in prison may be imposed. 1. Have you ever been convicted of a felon deferred sentencing)? Yes No 2. Have you ever been subjected to court-of threatening or causing physical or emotion Yes No An affirmative response to any of these question campus committee to ensure campus safety. Any | ny (please include instances of ordered confinement for al injury to persons or property? Is will not automatically prevent admis | leaving school for a f disciplinary reasons i education on the bas 3. Have you ever bee educational institution Yes 4. Have you ever bee Yes Yes ssion, but you will be asked by | ixed time period, less than permane is defined as permanent separation is of conduct or behavior. en disciplined, suspended from, or p n for non-academic reasons? No en required to register as a sexual o No the college to provide additional informat | from an institution of higher |
| Reasons for Applying | g | | | |
| 1. Who was the most influential in your dec □ Parents or relatives □ 0 | | University Billings? Admissions personnel | Athletics personnel | □ University Faculty |
| | d your decision the most to apply Size of student population Financial Aid/Scholarship | v to Montana State Universi □ Cost □ Athletics/Extracurr | | |
| 3. Why are you applying to Montana State □ For educational fulfillment | University Billings? □ To learn specific skills for a ne | ew job 🗌 To comple | te general education classes before | e transferring elsewhere |
| 4. Which of the following did you find most □ Campus visit □ F | | na State University Billings? Veb page | → □ Visit with Admissions / New Stu | udent Services personnel |
| Signature | | | | |

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.

Applicant's complete legal signature

Montana State University Billings has a policy of nondiscrimination in employment practices and in admissions, access to and conduct of educational programs and activities pursuant to title VII of the Civil Rights Act, Title IX of the Education Amendments, Section 504 of the Rehabilitation Act, Executive Order 11246 as amended, Vietnam era and Disabled Veterans Act, as amended, and the Montana State Human Rights Act. Discrimination is prohibited on the basis of race, sex, color, national origin, religion, age, disability, or marital status. Any student, employee, applicant for admission or employment may file a discrimination grievance. Inquiries or grievances should be directed to the Human Resources/EEO-AA Director in McMullen Hall Room 310, phone (406)657-2278. For more detailed information, please refer to: http://www.msubillings.edu/geninfo/upolicies.htm





Date

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For additional information:

New Student Services 406-657-2888 or 800-565-MSUB admissions@msubillings.edu msubillings.edu