



## Academic History

If you are or will be a high school graduate, please indicate:

Graduation date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Complete name of high school: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_

If you have or will receive a GED, please indicate date and location: \_\_\_\_\_

\*If you are home schooled, please contact Admissions Office.

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

Complete School Name	Location	Dates of Attendance	Degrees/credits

Were you ever suspended/dismissed for academic reasons from any of the institutions listed above?  Yes  No

## Residency Classification

The information you provide will be used to assess your residency status for tuition and fee purposes only and has no effect on admission.

Are you claiming in-state tuition classification as a Montana resident?  Yes  No

If **No**, of what state are you a resident? \_\_\_\_\_ Skip to Safety and Security section.

If **Yes**, please carefully complete all of the following items. Failure to complete the information may result in your residency being misclassified. If any of the information is NA (not applicable) 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.

- Dates of continuous physical residence in Montana. (list start date— last date)
- List the last two years Montana Income tax returns have been filed.
- Date current Montana driver's license was issued.
- List the last two years of Montana motor vehicle registration.
- Date of Montana voter registration.
- Dates of extended absences from Montana during the last two years.

You	Parent/Guardian

Reason for absence: \_\_\_\_\_

7. I am a member of the armed forces of the United States assigned to active duty in Montana.  Yes  No

8a. Have you served as a member of the armed forces of the United States?  Yes  No

If yes, dates of active duty \_\_\_\_\_

City and state from which you entered the service: \_\_\_\_\_

8b. I am the spouse or dependent child of an individual who is a member of the armed forces of the United States assigned to active duty in Montana.  Yes  No

9. I am or will be a graduate of a Montana high school after attending that school for my entire senior year, and I have or will be registering at a Unit of the Montana State University System within two fall terms of my high school graduation.  Yes  No

10. Are you relying on the employment status of a parent, guardian or spouse to qualify for resident tuition?  Yes  No

If yes, employer \_\_\_\_\_ State \_\_\_\_\_ Date of start of employment \_\_\_\_\_

## **Residency Classification (continued)**

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

Dates	Place of Residence	Employment	Schools attended

## **Safety and Security**

***This section must be completed.***

Montana state law defines a felony as a crime for which more than one year in prison may be imposed.

1. Have you ever been convicted of a felony (please include instances of deferred sentencing)? Yes  No
2. Have you ever been subjected to court-ordered confinement for threatening or causing physical or emotional injury to persons or property? Yes  No
3. Have you ever been disciplined, suspended from, or placed on probation at any educational institution for non-academic reasons? Yes  No
4. Have you ever been required to register as a sexual or violent offender? Yes  No

An affirmative response to any of these questions will not automatically prevent admission, but you will be asked by the college to provide additional information. This information will be reviewed by a campus committee to ensure campus safety. Any falsification or omission of data may result in a denial of admission or dismissal.

## **Statistical Information**

***Providing this information is voluntary.***

University of Montana - Helena College of Technology is committed to the provision of equal opportunity for education, employment, and participation in all College programs and activities without regard to race, color, gender, marital status, disability, disadvantage, religion, political affiliation and/or national origin. *Providing the following information requested by this section is voluntary and the information provided will not be used in any admissions decisions.*

1. Gender  Male  Female
2. Have either of your parents or guardian(s) COMPLETED a bachelor's degree?  Yes  No  Unsure
3. Indicate your ethnic identity by checking the appropriate boxes. This information is for statistical analysis only; it is not used in the admission process and will have no bearing on your admission status.
  - a. Indicate your ethnic identity by checking the appropriate boxes:
    - Nonresident Alien
    - Race and Ethnicity Unknown
    - Hispanic (any race): \_\_\_\_\_
  - b. If not Hispanic or Latino, indicate which one or more racial categories should be used to classify you:
    - American Indian or Alaska Native Specify primary tribal affiliation and reservation \_\_\_\_\_
    - Asian Specify country of origin \_\_\_\_\_
    - Black or African American
    - Native Hawaiian /Pacific Islander Specify country of origin \_\_\_\_\_
    - White or Caucasian
    - Two or more races

## **Reasons for Applying**

Which of the following factors were most influential in your decision to apply (select up to three)?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Affordable costs                 | <input type="checkbox"/> Overall reputation        | <input type="checkbox"/> Admissions personnel                  |
| <input type="checkbox"/> Campus visit                     | <input type="checkbox"/> Parents or relatives      | <input type="checkbox"/> Publications/Web                      |
| <input type="checkbox"/> Size of school                   | <input type="checkbox"/> Guidance counselor        | <input type="checkbox"/> Classes before transferring elsewhere |
| <input type="checkbox"/> Educational fulfillment          | <input type="checkbox"/> Financial Aid/Scholarship | <input type="checkbox"/> Physical/Geographic location          |
| <input type="checkbox"/> Graduate school preparation      | <input type="checkbox"/> Proximity to home         | <input type="checkbox"/> Faculty contact                       |
| <input type="checkbox"/> General education classes        | <input type="checkbox"/> Skills for a new job      | <input type="checkbox"/> Personal interest                     |
| <input type="checkbox"/> Specific academic program: _____ |  | <input type="checkbox"/> Other: _____                          |

## **Emergency Contact Information**

Contact Name: Last \_\_\_\_\_ First \_\_\_\_\_

Relationship: \_\_\_\_\_

Mailing address: Street/Po Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact Phone number: \_\_\_\_\_

## **Students with Disabilities**

If you have a disability that you wish to bring to the attention of the institution to which you seek admittance, you may do so, before or after admission, by submitting an application to the Disability Services office. Applicants who need an alternative accessible format of this application may request it from Disability Services. All requests regarding disability will be confidential and will not be used as a factor in granting or denying admission.

For more information about Disability Services as well as an online application, visit <http://umhelena.edu/current/disability/default.aspx>.

## **Selective Service (males only)**

The Military Service Act, 50 U.S.C. Appendix 451ff, et seq, requires males aged 18 through 25 to register with the Selective Service Administration. In support of the federal regulation, Montana Code prohibits a state agency or post-secondary educational institution from employing, providing state financial assistance, or enrolling as a student, an individual who meets the Selective Service Registration requirement and has failed to do so. The Montana University System will not employ or provide state financial assistance to any person who, on or after July 1, 2001, is required to do so and has not registered with the Selective Service system. If you are a male, please complete the certification below.

I certify that, if I am or was required to do so on or after July 1, 2001, I am registered with the Selective Service Administration.

Signature \_\_\_\_\_ Printed

Name \_\_\_\_\_

Date: \_\_\_\_\_

## **Family Educational Rights and Privacy Act (FERPA)**

**Student's Rights:** FERPA grants certain rights, privileges, and protections related to students' educational records maintained by the College. Students' educational records (with the exception of directory information) will not be released to third parties outside of the College, except with the written consent of the student. Students have the right to inspect their own educational records, except for those to which students have expressly waived this right (e.g. Career Services placement files). Students have the right to request amendment of their records, if they are found to be inaccurate, misleading, or otherwise in violation of the students' privacy or other rights. Such requests should be made as soon as the student becomes aware of the inaccuracy or any other problem. Any student may file a complaint with the US Department of Education concerning any alleged failure on the part of the College to comply with the requirements of FERPA.

**Directory Information:** FERPA permits the release of information designated as directory information to third parties outside the College without the written consent of the student. UM-Helena COT has designated the following items as Directory Information: Student name, address, telephone number, major field or study, enrollment status (full-time, part-time), dates of attendance, degrees and awards received and most recent previous schools attended. Please refer to complete list of directory information in current catalog. The college may disclose any of those items without prior written consent.

**Restriction of the Release of Information:** Currently registered students have the right to request that information designated as directory information be withheld from release by the college; to do so contact the Registrar's Office.

## **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.**

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Applicant's complete legal signature

Date

