

OFFICIAL TRANSCRIPTS from **ALL** Colleges attended must be submitted to the MSU Office of Admissions and a second set of **OFFICIAL TRANSCRIPTS** and **CERTIFICATE OF INDIAN BLOOD** (CIB) (if available) submitted to CO-OP Program.

Have you been tested for any learning disabilities? Yes _____ No _____ Diagnosis: _____
 List needed accommodations, if any : _____

STUDENT AGREEMENT

In accepting CO-OP support services, I agree to the following monitoring procedures of the CO-OP throughout my academic program.

- 1) **Intensive Advising:** I agree to allow CO-OP staff release of information to and from University offices, College of Nursing faculty, community agencies, and tribal offices to CO-OP for monitoring of satisfactory progress and financial stability
- 2) **Moral Agreement:** I agree to mandatory lecture, laboratory, and clinical attendance to show commitment towards admittance to a nursing program or completion of a nursing program and to ensure satisfactory progress of pre-nursing or nursing curriculum.
- 3) **Photo, Video, Voice Permission:** I agree to allow CO-OP to take and use my photo, video or voice for educational, media, and publication purposes.

Signature _____ Date _____

Essay: Please attach a one-page essay stating why you want to be a part of the Caring for Our Own Program and how you plan to serve the Native American/Alaska Native community with your nursing degree.

Recommendations: Please provide contact information of the two individuals whom you have requested to submit a recommendation form on your behalf. They should be able to attest to your academic background or potential and can address your interest in becoming a nurse and serving the Native American/Alaska Native community.

Name of Individual	Address	Phone#	Position

How did you hear about CO-OP: _____ Friend/Relative _____ Teacher/Counselor
 _____ Rockin-the-Rez _____ Conference _____ Email _____ Mail _____ Internet/Website
 _____ Facebook Other _____

For more information contact:

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