

~ INTENT TO REGISTER ~

REVISED JUNE 2010

OFFICE OF THE REGISTRAR
 MONTANA STATE UNIVERSITY - BOZEMAN
 101 MONTANA HALL
 P.O. Box 172660
 BOZEMAN, MT 59717-2660
 PHONE: (406) 994-2601 Fax: (406) 994-1972

Term and Year of Intended Registration

Spring

Summer

Fall

Year: _____

PROVIDE THE INFORMATION BELOW. COMPLETE, PRINT, THEN **SIGN** THE FORM AND RETURN IT TO THE OFFICE OF THE REGISTRAR. IF YOU WOULD LIKE TO CHANGE YOUR MAJOR AND/OR CONCENTRATION, PLEASE SUBMIT A COMPLETED "CHANGE OF CURRICULUM CARD" TO THE REGISTRAR'S OFFICE.

STUDENT NAME: LAST, FIRST MIDDLE (AND PREVIOUS NAME(S))		DATE OF BIRTH MM/DD/YYYY	STUDENT ID# OR SSN#
EMAIL ADDRESS		PHONE NUMBER(S)	
CURRENT MAILING/LOCAL ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE AND NATION	ZIP CODE
YEAR & TERM (SPRING, SUMMER, FALL) OF LAST ATTENDANCE AT MSU-BOZEMAN:	LAST DEGREE & MAJOR PROGRAM YOU WERE ENROLLED IN AT MSU-BOZEMAN:		
HAVE YOU EARNED A BACCALAUREATE OR GRADUATE DEGREE? YES <input type="checkbox"/> NO <input type="checkbox"/>	DO YOU EXPECT TO EARN ANOTHER DEGREE? YES <input type="checkbox"/> NO <input type="checkbox"/>	DEGREE & MAJOR OF EXPECTED DEGREE:	
STATE IN WHICH YOU CLAIM RESIDENCY:	HOW LONG HAVE YOU LIVED IN THIS STATE?	HAVE YOU BEEN OUTSIDE MONTANA FOR MORE THAN 30 DAYS IN THE LAST 12 MONTHS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
ARE YOU REGISTERED TO VOTE IN MONTANA? YES <input type="checkbox"/> NO <input type="checkbox"/>	DO YOU FILE MONTANA TAXES? YES <input type="checkbox"/> NO <input type="checkbox"/>	YEAR OF MOST RECENT MONTANA TAX FILING:	

USE BACK OF THIS FORM IF EXTRA WRITING SPACE IS NEEDED FOR ANY ANSWERS BELOW

HAVE YOU EVER BEEN CONVICTED OF A FELONY (INCLUDE INSTANCES OF DEFERRED SENTENCING)? YES NO

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

HAVE YOU EVER BEEN SUBJECTED TO COURT-ORDERED CONFINEMENT FOR THREATENING OR CAUSING PHYSICAL OR EMOTIONAL INJURY TO PERSONS OR TO PROPERTY? YES NO

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

HAVE YOU EVER BEEN DISCIPLINED, SUSPENDED FROM, OR PLACED ON PROBATION AT ANY EDUCATIONAL INSTITUTION FOR NON-ACADEMIC REASONS? 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

LIST ALL POST-SECONDARY INSTITUTIONS ATTENDED, INCLUDING ALL MONTANA STATE UNIVERSITY INSTITUTIONS OTHER THAN MSU-BOZEMAN. CONTACT ALL INSTITUTIONS AND REQUEST AN OFFICIAL TRANSCRIPT BE SENT TO THE MSU-BOZEMAN REGISTRAR.

NAME OF INSTITUTION	LOCATION (CITY/STATE)	ATTENDED FROM - TO	CUM G.P.A.	DEGREE & MAJOR

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION AND ON ALL OTHER ADMISSION APPLICATION MATERIALS IS COMPLETE, ACCURATE, AND TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO REQUEST THAT OFFICIAL TRANSCRIPTS FROM EACH ACADEMIC INSTITUTION I HAVE ATTENDED SINCE LAST ENROLLING AT MONTANA STATE UNIVERSITY-BOZEMAN BE SUBMITTED DIRECTLY TO THE UNIVERSITY. IF STATEMENTS CONTAINED ON THIS FORM ARE FOUND TO BE FALSE, I UNDERSTAND I MAY BE SUBJECT TO HAVING MY REGISTRATION CANCELED.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

~ THIS FORM MUST BE SUBMITTED AT LEAST 30 DAYS PRIOR TO REGISTRATION FOR THE TERM DESIRED ~