Traffic Ed Forms at a Glance

Printable forms are attached for easy reference. Please fax forms for quickest processing to (406) 265-3570.

Application for Admission

✓ New students who have never been admitted to MSU-Northern & plan to enroll in summer courses must complete an Application for Admission. Please click <u>here</u> to complete the Application for Admission online & submit all required documentation.

OR...

Application for Re-admission

✓ Former students who have been admitted to MSU-Northern but have not attended the preceding semester must submit an Application for Re-admission. Please click <u>here</u> to complete the Application for Re-admission online.

□ Class Registration Form

✓ Students must complete this form to register for summer courses.

□ Student Confirmation and Payment Agreement Form

✓ Students must complete this form to confirm your attendance & pay your fees. Please click <u>here</u> to complete the Student Confirmation and Payment Agreement online using DocuSign.

Residence Hall Application Form

✓ Please complete this form to reserve a room in the residence hall.





Application for Admission

Non-refundable \$30 application fee required

(waived for Montana residents)

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				place	
Social Se	•	luntarily provide this nur	•	UN to distinguish between individu a later date or wish to be consider	
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Mail to: Montana State University-Northern • Admissions • P.O. Box 7751 • Havre, MT 59501-7751

Academic History

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

Graduation date ////	
High School name	City/State
Is this high school accredited by its state department/office of education?	□ Yes □ No

If you have or will receive a GED, please indicate date and location____

If you have attended or are attending a College or University, please provide the following information for each institution, whether or not credit was earned:

College (List full name please)	City/State	Attendance period	Credits/Degree(s) earned
			й.

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

If yes, please describe____

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. In addition to your own information, if your parents claim you as a tax exemption, provide information on your parent or court appointed guardian, or information on your spouse if applicable.

With whom do you make your permanent residence?		Relationship					
Are you a Montana resident? Yes No If no, of what state are Failure to complete the following information may result in your being the following th	•		(Proceed to numbe asked to complete a Resid				
Questionnaire. (Month and year are sufficient for dates more than to	•	NA	Parent/Guardian/Spouse	NA			
1 a. Dates of continuous physical residence in Montana (mo/day/yr).	/to//		/ to//				
b. Dates of employment in Montana (mo/day/yr).	/to//		//to//				

	Your Employer The Employer of your Parent(s), Guardian(s), or Spouse	City			Р	Full-tii Part-tii Other	Full-timePart-timeOther	
c.	List the last two years Montana Income tax returns ha	ve been filed.	and			_	and	
d.	Date current Montana Driver's License was issued.							
e.	List the last two years of Montana Motor Vehicle Reg	gistration.	and	1		5	and	
f.	Date of Montana voter registration.		3					
g.	Date of extended absence(s) from Montana during the	last two years.	/to_	_/		/	/to//	
	Reason for absence:						 	

2		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 University System within two fall terms of my high school graduation.	□ Yes	🗖 No
3	a.	I am a member of the armed forces of the United States assigned to active duty in Montana.	□ Yes	🗖 No
	b.	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
	c.	Have you served in the military for a period of active duty longer than 180 days?	□ Yes	🗖 No

Students with Disabilities

All students attending MSU-Northern are entitled to equal access to academic programs and services. By federal law, students with documented disabilities are entitled to reasonable accommodations in order to fully participate in the student experience. All requests regarding disability will be confidential and will not be used as a factor in granting or denying admission.

Would you like to be contacted by our disabilities services department? \Box Yes \Box No

Required Safety and Security Information							
Have you ever been convicted of a felony (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 post-secondary educational institution for non-academic reasons?	□ Yes	No					
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 University 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.

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 non-academic, and the scholastic standards of MSU-Northern, its colleges, departments and institutes including but not limited to those rules, regulations and standards stated in the undergraduate/graduate catalog. I further acknowledge that if I fail to adhere to these regulations or meet these requirements, my registration may be canceled.

If I am admitted to MSU-Northern, I agree to pay all tuition, fees, fines and debts to the University that may be incurred by me. I understand that MSU-Northern will take action against me to collect any unpaid debts, including withholding of registration, transcripts and assignment of the debt for collection, and I will be responsible to pay any costs incurred to collect the debt.

Applicant's complete legal signature:

Name

Date

Please continue to Page 4

Pursuant to Titles VI and VII of the Civil Rights Act, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act, Executive Order 11246 as amended, American With Disabilities Act of 1990, and the Montana State Human Rights Act, Montana State University-Northern has a policy of nondiscrimination in employment practices and in admission, access to and conduct of educational programs and activities. Discrimination is prohibited on the basis of race, sex, color, natural origin, religion, age, disability, marital or parental status. Any student, employee, or applicant for admission may file a discrimination grievance. Inquiries or grievances should be directed to the Human Resources Director, MSU-Northern, P.O. Box 7751, Havre, MT 59501; (406) 265-4147. Any student and/or person with disabilities concerned about accessibility and/or accommodation issues should contact the Learning Center (406) 265-4152.

Voluntary Statistical Information

Montana institutions of higher education using this application do 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 is for statistical analysis only.

Gender:		Male 🗖	Female	Religious preference:			
Have eitl	her of	your parent((s) or guardi	an(s) completed a bachelor's degree?	Yes	No	Unsure
Indicate	your et	hnic identit	y:				
	Hispa	nic or Latin	10				
	Not-H	Hispanic or I	Latino				
Indicate	all race	es that apply	among the	following:			
_							

- □ White
- American Indian or Alaska Native (specify primary tribal affiliation and reservation)
- □ Black or African American
- □ Asian (specify country of origin)_
- □ Native Hawaiian or other Pacific Islander (please specify)
- □ Other (please specify) _____

Admissions Checklist

Before you may be accepted to MSU-Northern, you will need to provide the following documentation:

All Applicants:

- □ COMPLETED Application for Admission
- □ \$30 Application Fee (waived for Montana residents)
- Proof of immunization against measles, mumps and rubella (MMR) for students born after December 31, 1956.
 (Montana State Law requires proof of two MMR immunizations, at least 1 month apart or a notarized religious exemption.)

First-Time Applicants:

- □ Final High School transcript or GED scores
- \Box ACT or SAT scores for students under the age of 21

Transfer Applicants:

Official academic transcripts from all ACCREDITED universities, colleges and vocational technical centers attended (Official college transcripts must be sent to the Admissions Office in a sealed envelope directly from the institution).

Please note: If you have earned less than 12 credits at a college, university or vo-tech, you must also submit a high school transcript or GED scores and ACT or SAT scores.

Questions:

1-800-662-6132 ext. 3704 or (406) 265-3704 admissions@msun.edu Fax: (406) 265-3788

Disclosure Information

In accordance with the Family Educational Rights & Privacy Act of 1974, the Registrar informs students that the University may disclose information from the educational record of a student who is or has been in attendance at Montana State University-Northern. The following information is considered by the University to be public in nature:

- Name
- Address
- Telephone number
- Year in school
- Major
- Scholarship(s) awarded
- Degree(s) conferred
- Honor(s) granted
- Dates attended

Students have the right to refuse to permit the University from disclosing the above information. This is an "all or nothing" policy. The student may not select certain information or certain circumstances for non-disclosure. The student's name will not appear on any lists released to third parties, including honor rolls and **will not receive emergency messages.**

Students must fill out a "Privacy Rights Request Form" (from the Registrar's Office) to refuse to permit the University to disclose the above information.



Application for Re-admission

Personal Information

Name (Last, First, Middle or N	/laiden)				
Date of Birth (mo/day/yr)			SSN or Banner ID		
Mailing Address					
City	State	Zip)	Phone Number ()
Cell Phone ()		E-n	nail		
Gender (optional): D M D F Indicate Race(s) (optional):			spanic 🗅 Non-Hispanic 🗅 African American 🕒 J	Asian 📮 Hawaiian Paci	ific Islander 📮 Other
Educational Information					
Indicate term you plan to atte	end: 🛛 🖬 Fall Semester	r Spring S	emester 🖬	Summer Semester	
Indicate Level:	Undergraduate	🖵 Graduate	Intended Status:	Degree-Se	eeking 📮 Non-Degree
Intended Degree/Major:			Or Certification/Endo	rsement: 📮 Re-Certifi	cation 📮 Traffic Ed
Indicate site planning to atter	nd: 🛛 Havre 🔍 Grea	t Falls 🛛 Lewisto	own DOther(Please	specify):	
Have you earned credit from If yes, list all post-secondary i	•	•			
Name of Institution	Locatio	on (City/State)	Attended From (mm/yyyy)	Attended To (mm/yyyy)	Credits/Degree Earned
Were you ever suspended or	dismissed for academic r	easons from any of th	e institutions listed above	? ❑Yes ❑No If yes	s, (term/yyyy)
Residency Classification					
U.S. Citizen 🖵 Yes 🖵 No		•			
In which state are you a resid					
What year and state did you l	ast pay taxes?				
Required Safety and Sec	urity Information				
Have you ever been convicted	d of a felony (include inst	ances of deferred sent	tencing)?		□Yes □No
Have you ever been subjected	d to court-ordered confin	ement for threatening	B		
or causing physical or em					🛾 Yes 🖾 No
Have you ever been discipline		•	any		
post-secondary education Have you ever been required					□Yes □No □Yes □No
An affirmative response to any of th	0		but you will be asked by the Ur	niversity to provide addition:	

An affirmative response to any of these questions will not automatically prevent admission, but you will be asked by the University to provide additional information. This information will be reviewed by a campus committee to ensure campus safety and must be received no later than 30 days prior to the beginning of the semester you plan to enroll. Any falsification or n of data may nsult in a denial of admission or dismissal.

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 re-admission is approved, I agree to abide by the present and future rules and regulations, both academic and nonacademic, and the scholastic standards of MSU-Northern including but not limited to those rules, regulations and standards stated in the catalog. 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

Date

Questions: Call the Admissions Office at 1-800-662-6132 ext. 3704 or (406) 265-3704 FAX: 1-406-265-3792 Mail: Montana State University-Northern, Admissions, PO Box 7751, Havre, MT 59501



Term of Registration:	🗆 Fall	□ Spring	□ Summer	Year: 20
Name Last:	First:		Middle Initial:	ID:
Please update the following inforr	nation:			
Mailing Address (while at scho	ool):	Perma	anent Address:	
Address:		Address:		
City:		City:		
State: Zip: Phone:		State:	Zip:	Phone:
Social Security Number (Optional):		Gender:	Male	Female
Ethnic Code: Caucasian Hispanic	Black Asian	American I	ndian/Alaska Native	Other Decline to respond
Preferred Email Address:				

CRN	SUBJ	NUM	SEC	Course Name	Crs	Time	Days	Instructor	Room	Rpt/ Aud
			-	Fotal Credits						

Student Signature:______ Advisor Signature: _____

Education Dean Signature (All ED majors):

Registrar verification: _____ Date: _____ Date: _____

Revised: 03/07/2016

STUDENT CONFIRMATION AND PAYMENT AGREEMENT

Semester: Name: Student ID#: [Fail Permanent Mailing Address: Phone #: [Summer F-mail: E-mail: License Plate # State Vehicle Make/Model Color I choose to waive health insurance offered by MSU-Northern, I have health insurance from another provider in effect for the duration of this semester. I choose to retain the health insurance offered by MSU-Northern. All students registered for 6 or more credits are required to have health insurance. A health policy is offered through MSU-Northern and the premium for this program will automatically be assessed to students with 6 ormore credits unless waived with this form. Waivers will not be accepted after the 16th day of instruction. Coverage is optional for students registered for 4-6 oredits. Students taking 3 or fewer credits must petition to purchase desired coverage. 3. Method of Payment Cash or Check I Financial Aid Credit Card (Visa/MasterCard accepted. Visit Business Services, Cowan Hall 207 or call 406.265.3733) Third Party Billing Program: I hostallments Installment Services (a apprent) I hostallments Installment Services (a apprent) I hostallweits, Hoding acceptance of the terms and conditions and algo automize waited with the services automize automize automize automize waited with the services automize automize automize waited with host acceptance of the searter automale automatedian automize automize automize automize au			1	. Personal Inform	ation		
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credit Card (Visa/MasterCard accepted. Visit Business Services, Cowan Hall 207 or call 406.265.3733) chrid Party Billing Program: chrid Party Billing Installments Inderstand that, in doing so lam entering into an educational loan with MSU-Northern that is non-dischargeable, why signature will signify my consent to and acceptance of three terms and conditions of this contract. My signature will signify my consent to and acceptance of niternal and external credit responsible for the reimbursement of the bases of any collection agency. Installment Payment Schedule: mathematic Rest and contractors to contract on the ownershow of the function of my enrollment at MSU-Northern and their responsible for the reimbursement of the bases of any collection agency. Initial Installment 0 days equipment or antificial or precorded vices of the ownershow of the base of any collection agency. Initial Installment 90 days equipment or antificial or precorded vices or text messages: Initial Installment 90 days installment or outracts easies that the United schedule is on the were leased as of the de date. larger that a service charge of S30 will be applied to all installment outracts easies that the United schedule is on the were lease of the date charge. Other precisities for non-payment include deneil of registration and transcripts, derin							
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Installments Irequest that MSU-Northern allow me to defer a portion of my tuition/fees and student account charges. I understand that, in doing so, I am entering into an educational loan with MSU-Northern that is non-dischargeable under Section 523(a)(8) of the U.S. Banktrupty Code. I argue to all the terms and conditions of this contract. Wy signature will signify my consent to and acceptance of these terms and conditions of this contract. Wy signature will signify my consent to and acceptance of the enterns and conditions of this contract. Wy signature will signify my consent to and acceptance of the dutation of my enrollment at MSU-Northern. If this account is referred to a collection agency. I will be responsible for the reimbursement of the fees of any collection propose; including reasonable attormey's fees that the University should incur in such collection of first. I suthorize MSU-Northern, and there are such and student account, at the current or any future number either provided or acquired for my cellular phone or other wireless devices using an automated telephone dialing equipment of my loan and student account, at the current or any future number installment contracts, referral to a collection agency. Will be applied to my account balance regardless of the due tale. I agree that a service charge of \$30 will be applied to all acceleration and that every late payment may be assessed as of 51 blate charge. Other penalties for on-payment include denial of registration and transcripts, denial of future installment contracts, referral to a collection agency, etc. Signature and and expenses including payment may be assessed as 51 blate charge. Other penalties for on-payment include denial of registration and transcripts, denial of a current or any transmit balance must be \$200 or less. In the event that 1 will that every late a payment may be assessed as 51 blate charge. Other penaltis for non-payment include denial of registration and tra	🗆 Credit Ca	rd (Visa/MasterCar	d accepted. V	isit Business Services, Cov	wan Hall 207	or call 406.265.3	733)
Irequest that MSU-Northern allow me to defer a portion of my tuition/fees and student account charges. I Installment Payment Schedule: understant that, in dring so, I.am entering into an educational loan with MSU-Northern that is non-disciplation accentric. Model Schedule: My signature will signify my consent to and acceptance of these terms and conditions in a data outprint on the my consent to and acceptance of these terms and conditions and also authorizes for all charges incurred against my account for the duration of my enrolliment at MSU-Northern. If this account is referred to a collection agency. I will be responsible for the reinbursement of the fees of any collection agency with the may be based on a percentage of the debt, and all costs and expenses, including reasonable with respective agents my account of the duration of my enrolling at MSU-Northern, and their erspective agents that accounts to be contact me regarding my student account, at the current or any balance methods and increases the debt and acceptance of the debt and acceptance of any behave. Installment for all adays wide of MSU-Northern including repayment for my cellular phone or other wite set adays and the duration of any schlam balance tegrifies of the duration agency. I will be applied to the set adays and the duration of any schlam balance tegrifies of the duration agency is a state and to all provides of the duration agency. I will be applied to the application of my ending and transmitter and the duration agency is a state and to all provides of the duration agency. I will be applied to all the application to any schlam balance tegrifies of the duration agency is a state and the duration agency is a state and the duration and the application. will be applied to the outstanding balance, and my remaining balance tegrifies	🗆 Third Par	r ty Billing P	rogram:				
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My signature will signify my consent to and acceptance of these terms and conditions and also authorize Initial installment 30 days up to 40%, which may be based on a percentage of the debt, and all costs and expenses, including reasonable attorney's fees that the University should incur in such collection efforts. I authorize MSU-Northerm, and their expertive agents and contractors to contact me regarding my student locar(s), student account, at the current or any fulure number of one percentage of the debt, and all costs and expenses, including reasonable, including pravement of my cellular phone or other wireless devices using an automated telephone dialog Initial Installment 30 days equivalent or attificial or prerecorded voice or text messages. I understant that account, at the current or any fulure number or any balance in and balance the current or any fulure number in contracts, each sense test, and that every late payment my funds that become may fulde income tax tritted or to explicit for the upcoming sensester(s) my account balance tregardless of the due date. I agree that a senice charge of \$30 will be applied to all installment contracts, referral to a collection agency, will first be applied to my account balance tregardless of the due date. I agree that a senice charge of \$30 will be applied to registration and transcripts, derial of future installment contracts, referral to a collection agency, at \$15 late charge. Other penalties for non-payment installed to registration any remaining balance, and any remaining balance remains by 200 or less. In the event that in w	understand that,	in doing so, I am entering	into an educationa	I loan with MSU-Northern that is n	on-dischargeable	Installment	Payment Schedule:
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up to 40%, which may be based on a percentage of the debt, and all costs and expenses, including reasonable attomety 5 fees that the University should incur in such collection efforts. I authorize MSU-Northerm, and their securit or any future number is the provided or acquired for my cellular phone or other wireless devices using an automated telephone dialing equipment or artificial or prereorded voice or text messages. I understand that any funds that become available, including but not limited to: payroll checks, Financial Aid, and book buy-back refunds, will first be applied to my account balance regardless of the due date. I agree that a service charge of \$30 will be applied to all installment contracts each semester, and that every late payment may be assessed a \$15 late charge. Other penalties for non-payment include denial of registration and transcripts, denial be applied to the outstanding balance remains due and payable. WE RECOMMEND YOU KEEP A COPY OF THIS FORM. MSU-Norther meserves the right to decline any installment to an application. References: Address Mame: Address Mame: Address Mame: Address Telephone# 	for all charges in	curred against my account	for the duration of	f my enrollment at MSU-Northern.	If this account	Initial Installment	Friday before classes begin
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either provided or acquired for my cellular phone or other wireless devices using an automated telephone dialing equipment or artificial or prerecorded voice or text messages. I understand that any funds that become available, <i>including but not limited to</i> : payroll checks, Financial Aid, and book buy-back refunds, will first be applied to my account balance regardless of the due date. I agree that a service charge of \$30 will be applied to all installment contracts each semester, and that every late payment may be assessed a \$15 late charge. Other penalties for non-payment include denial of registration and transcripts, denial of future installment contracts, referral to a collection agency, attachment of state and federal income tax refunds, and reporting to a credit bureau. I understand that in order to register for the upcoming semester(s) my account balance remains due and payable. WE RECOMMEND YOU KEEP A COPY OF THIS FORM. MSU-Northern reserves the right to decline any installment loan application . References: Parent/ Relative: Name: Address Telephone# will always know your address: Telephone# Telephone# Name: Address Telephone# Name: Address Telephone#	respective agent	ts and contractors to contact	ct me regarding m	v student loan(s), student account	or any balance		1
Aid, and book buy-back refunds, will first be applied to my account balance regardless of the due date. I agree that a service charge of \$30 will be applied to all installment contracts each semester, and that every late payment may be assessed of the due date. I agree that a service charge of \$30 will be applied to all or equipation and transcripts, denial of future installment contracts, referral to a collection agency, attachment of state and federal income tax refunds, and reporting to a credit bureau. Lunderstand that in order to register for the upcoming semester(s) my account balance means be \$200 or less. In the event that I withdraw or leave school for any reason, refunds will be applied to the outstanding balance, and any remaining balance means due and payable. WE RECOMMEND YOU KEEP A COPY OF THIS FORM. MSU-Northern reserves the right to decline any installment loan application. References: Mame:	either provided c	or acquired for my cellular r	hone or other wire	eless devices using an automated	telephone dialing		• •
Parent/ Relative: Name: Address Telephone# Person who will always know your address: Name: Address Telephone# Image: Address Telephone# Name: Address Telephone# Name: Address Telephone# Name: Address Telephone# Name: Address Telephone# Vill be attending MSU-Northern for the current semester. I have read and agree to the terms of this document. Please apply my Aid/Third Party billing/ Enclosed Payment to my charge	Aid, and book bu installment contr and transcripts, of bureau. I unders any reason, refu	uy-back refunds, will first be acts each semester, and the denial of future installment tand that in order to registe nds will be applied to the o	applied to my acc nat every late payr contracts, referral for the upcoming utstanding balance	count balance regardless of the du nent may be assessed a \$15 late o to a collection agency, attachment g semester(s) my account balance e, and any remaining balance rem	e date. I agree tha charge. Other per of state and feder must be \$200 or ains due and paya	at a service charge of \$ alties for non-payment ral income tax refunds	30 will be applied to all t include denial of registration and reporting to a credit
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always know always know your address: Name: Employer: Address Telephone# 4. Signature Required I will be attending MSU-Northern for the current semester. I have read and agree to the terms of this document. Please apply my Aid/Third Party billing/ Enclosed Payment to my charge	Parent/ Relative:	Name:	Address				Telephone#
Employer: Employer: A. Signature Required I will be attending MSU-Northern for the current semester. I have read and agree to the terms of this document. Please apply my Aid/Third Party billing/ Enclosed Payment to my charge	always know	Name:	Address				Telephone#
I will be attending MSU-Northern for the current semester. I have read and agree to the terms of this document. Please apply my Aid/Third Party billing/ Enclosed Payment to my charge	Employer:	Name:	Address				Telephone#
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ignature:Date:	I will be attending MS	U-Northern for the current se	mester. I have read	and agree to the terms of this docum	nent. Please apply r	my Aid/Third Party billing	/ Enclosed Payment to my charges
	ignature:					Date:	

DELIVER COMPLETED FORM TO: BUSINESS SERVICES, COWAN HALL 207 - FAX TO: 406.265.3777 EMAIL TO: BUSINESSSERVICES@MSUN.EDU OR STUDENT.ACCOUNTS@MSUN.EDU MAIL TO: MONTANA STATE UNIVERSITY-NORTHERN • PO BOX 7751 • HAVRE, MT, 59501





RESIDENCE HALL APPLICATION Summer Semester 2025

Community Camps and Continuing Education ONLY

Please bring your own bedding and toiletries as we do not provide them. All rooms will be single occupancy. Completion of this application does not guarantee availability of residence hall space. We will confirm your room once it has been assigned.

PERSONAL INFORMATION:

Student ID:		Last Name:		
First Name:		Middle Initial:	Preferred Name:	
Birth Date:	Gender:	Home Phone: (Cell Phone: ()
Permanent Address:		City:	State:	Zip Code:
ROOMMATE PREFEREN	CE (BOTH note	e this preference) Name:		

MSUN STUDENTS ONLY

STUDENT STATUS/LEVEL OF STUDY (MSUN Students only):

□ Graduate □ Transfer □ Continuing Education □ Community Camp

DATE SELECTION:

□ Entire Summer: May 12 -August 15 (single occupancy)

□ May Session: May 12-June 6

□ 1st Session: June 9-July 11

□ 2nd Session: July 14-August 15

CONFERENCING AND CAMPS ONLY

Group/Organization: _____

Group Organizer/Host: _____

DATE SELECTION:

Daily room rates: \$35.00 per night single occupancy Please indicate the dates you need a room.

Bookings are for full weeks Monday-Sunday. Partials bookings for weekdays only will not be allowed, regardless of occupancy. There will be no checkouts on Friday and re check ins on Monday. The charges will span the duration of the stay.

• • • •	-		_
Month:	Day:	_through Month:	_Day:

EMERGENCY CONTACT:

Name:	Relationshi	p: Phor	ne:		
VEHICLE INFORMATION:					
Make:	Model:		Year:		
Color:	License Plate #:	State:			
PAYMENT INFORMATION	(Conferencing/Camps only):				
Total Charge:	On student account: Paid ir	advance: Date:	Receipt:		
	classes you must pay in advance. F n Hall. If you wish to pay by credit o	, .	•		
IF YOU NEED TO CHANGE	Education Email: Taryn.wallon@msun.edu ANY INFORMATION (INCLUDING RO EASE CONTACT RESIDENTIAL EDUC				
responsible for complying Community Standards and The Student Conduct Code	you are acknowledging that you h with the MSU-Northern Student C Expectations as well as state and e can be found at: <u>https://www.msun.ed</u> an be found at: <u>https://www.msun.ed</u>	onduct Code and the Studen federal laws. m.edu/deanse/studentconduct.	t Life Handbook: aspx		
Student/Guest Signature		Date			
Parent/Guardian Signature	e (If you are under 18 years of age)	Date			
RESIDENTIAL EDUCATION STAFF ONLY					
Date Application Received	: R	Room Assignment:			
Date Housing Deposit Rece		FOB Assignment:			
Vehicle Information Receiv	ved: C	Cleared by Business Office:			