

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 [here](#) 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 [here](#) 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 [here](#) 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.



MONTANA STATE UNIVERSITY NORTHERN

Application for Admission

Non-refundable \$30 application fee required
(waived for Montana residents)

Personal Information

Full legal name _____
Last First Middle Previous/maiden name (s)

Birthdate (mo/day/yr) _____ Birthplace _____

Social Security Number _____
We ask that you voluntarily provide this number which permits MSUN to distinguish between individuals with similar names. This is especially important should you request a transcript at a later date or wish to be considered for financial aid.

Mailing Address _____

City _____ State _____ Zip _____ Phone Number () _____
Note - all admissions correspondence will be sent to this address; please notify us of any changes

Permanent Address _____

City _____ State _____ Zip _____ Phone Number () _____

Cell Phone () _____ E-mail _____ @ _____

Country of Citizenship _____

If not U.S., are you a permanent resident alien of the U.S.? Yes No

Educational Information

Term of Enrollment: Fall 20 _____ Spring 20 _____ Summer 20 _____

Have you previously attended Montana State University-Northern? Yes No

If yes, please list terms attended: _____

Application is for: MSUN-Havre MSUN-Great Falls MSUN-Lewistown Other _____

Please indicate your educational goal:

- Associate's degree or Certificate** (indicate field of study or undecided) _____
- Bachelor's degree** (indicate field of study or undecided) _____
- Non-degree seeking** (not pursuing a degree, certificate or financial aid at this institution)
 - For personal/professional development
 - For transfer to another institution
- Post-baccalaureate** (bachelor degree earned)
 - Second bachelor degree (indicate field of study) _____
 - For Teacher Certification
 - Other _____

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

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 you a resident? _____ (Proceed to number 3. a.)

Failure to complete the following information may result in your being misclassified. You may also be asked to complete a Residency Questionnaire. (Month and year are sufficient for dates more than two years past.)

	You	NA		Parent/Guardian/Spouse	NA
1 a. Dates of continuous physical residence in Montana (mo/day/yr). _____ to _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ to _____	<input type="checkbox"/>	<input type="checkbox"/>
b. Dates of employment in Montana (mo/day/yr). _____ to _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ to _____	<input type="checkbox"/>	<input type="checkbox"/>

Your Employer _____ City _____					

The Employer of your Parent(s), Guardian(s), or Spouse _____ City _____					
c. List the last two years Montana Income tax returns have been filed. _____ and _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ and _____	<input type="checkbox"/>	<input type="checkbox"/>
d. Date current Montana Driver's License was issued. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
e. List the last two years of Montana Motor Vehicle Registration. _____ and _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ and _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Date of Montana voter registration. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
g. Date of extended absence(s) from Montana during the last two years. _____ to _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ to _____	<input type="checkbox"/>	<input type="checkbox"/>
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? Yes 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

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.

Please continue to Page 4

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 either of your parent(s) or guardian(s) completed a bachelor's degree? Yes No Unsure

Indicate your ethnic identity:

- Hispanic or Latino
- Not-Hispanic or Latino

Indicate all races 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
- 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.



MONTANA STATE UNIVERSITY NORTHERN

Application for Re-admission

Personal Information

Name (Last, First, Middle or Maiden) _____

Date of Birth (mo/day/yr) _____ SSN or Banner ID _____

Mailing Address _____

City _____ State _____ Zip _____ Phone Number () _____

Cell Phone () _____ E-mail _____

Gender (optional): M F Ethnic Identity (optional): Hispanic Non-Hispanic

Indicate Race(s) (optional): White American Indian/Alaskan Native African American Asian Hawaiian Pacific Islander Other

Educational Information

Indicate term you plan to attend: Fall Semester _____ Spring Semester _____ Summer Semester _____

Indicate Level: Undergraduate Graduate Intended Status: Degree-Seeking Non-Degree

Intended Degree/Major: _____ Or Certification/Endorsement: Re-Certification Traffic Ed

Indicate site planning to attend: Havre Great Falls Lewistown Other(Please specify): _____

Have you earned credit from any institution since last attending MSU-Northern? Yes No

If yes, list all post-secondary institutions attended, specifying campus and dates of enrollment.

Name of Institution	Location (City/State)	Attended From (mm/yyyy)	Attended To (mm/yyyy)	Credits/Degree Earned

Were you ever suspended or dismissed for academic reasons from any of the institutions listed above? Yes No If yes, (term/yyyy) _____

Residency Classification

U.S. Citizen Yes No If no, country of citizenship _____

In which state are you a resident of? _____

What year and state did you last pay taxes? _____

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 and must be received no later than 30 days prior to the beginning of the semester you plan to enroll. Any falsification or in 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 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 _____



MONTANA STATE UNIVERSITY
NORTHERN
CLASS REGISTRATION
 (use standard blue or black pen)

Term of Registration: Fall Spring Summer Year: 20 _____

Name Last: _____ First: _____ Middle Initial: _____ ID: _____

Please update the following information:

Mailing Address (while at school):

Permanent Address:

Address:			Address:		
City:			City:		
State:	Zip:	Phone:	State:	Zip:	Phone:
Social Security Number (Optional):			Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Ethnic Code: <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other <input type="checkbox"/> Decline to respond					
Preferred Email Address:					

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

Student Signature: _____ Advisor Signature: _____

Education Dean Signature (All ED majors): _____

Registrar verification: _____ Date: _____

STUDENT CONFIRMATION AND PAYMENT AGREEMENT

1. Personal Information

Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year:	Name:	Student ID#:
	Permanent Mailing Address:	Phone #:
		E-mail:
License Plate #	State	Vehicle Make/Model
Color		

2. Student Health Insurance

- 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 or more credits unless waived with this form. Waivers will not be accepted after the 15th day of instruction. Coverage is optional for students registered for 4-6 credits. Students taking 3 or fewer credits must petition to purchase desired coverage.

3. Method of Payment

<input type="checkbox"/> Cash or Check	<input type="checkbox"/> Financial Aid
<input type="checkbox"/> Credit Card (Visa/MasterCard accepted. Visit Business Services, Cowan Hall 207 or call 406.265.3733)	
<input type="checkbox"/> Third Party Billing Program: _____	

Installments

I request 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. Bankruptcy Code. I agree to all the terms and conditions of this contract. My signature will signify my consent to and acceptance of these terms and conditions and also authorize MSU-Northern to use my social security number for internal and external credit reporting and collection purposes for all charges incurred against my account for the duration 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 agency 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-Northern, and their respective agents and contractors to contact me regarding my student loan(s), student account or any balance owed to MSU-Northern including repayment of my loan 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 or artificial or prerecorded 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 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 must 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 remains due and payable. **WE RECOMMEND YOU KEEP A COPY OF THIS FORM. MSU-Northern reserves the right to decline any installment loan application.**

Installment Payment Schedule:	
Payment	Due
Initial Installment	Friday before classes begin
Second Installment	30 days
Third Installment	60 days
Final Installment	90 days

References:

Parent/ Relative:	Name:	Address	Telephone#
Person who will always know your address:	Name:	Address	Telephone#
Employer:	Name:	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 charges.

Signature: _____

Date: _____





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 PREFERENCE (BOTH note 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. Partial 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: _____ Relationship: _____ Phone: _____

VEHICLE INFORMATION:

Make: _____ Model: _____ Year: _____

Color: _____ License Plate #: _____ State: _____

PAYMENT INFORMATION (Conferencing/Camps only):

Total Charge: _____ On student account: _____ Paid in advance: _____ Date: _____ Receipt: _____

Unless you are enrolled in classes you must pay in advance. Payment for housing must be paid at Business Services, Room 207 Cowan Hall. If you wish to pay by credit or debit card, please call Business Services at 406-265-3733.

RETURN THIS FORM TO:

Taryn Wallon, Residential Education

Student Union Building or Email: Taryn.wallon@msun.edu

IF YOU NEED TO CHANGE ANY INFORMATION (INCLUDING ROOM RESERVATION DATES) AFTER THIS FORM HAS BEEN SUBMITTED, PLEASE CONTACT RESIDENTIAL EDUCATION OFFICE AT 406-265-3539

By signing this application, you are acknowledging that you have read, understood, and agree that you are responsible for complying with the MSU-Northern Student Conduct Code and the Student Life Handbook: Community Standards and Expectations as well as state and federal laws.

The Student Conduct Code can be found at: <https://www.msun.edu/deanse/studentconduct.aspx>

The Student Life Handbook can be found at: <https://www.msun.edu/housing/docs/Student-Life-Handbook19-20.pdf>

Student/Guest Signature

Date

Parent/Guardian Signature (If you are under 18 years of age)

Date

RESIDENTIAL EDUCATION STAFF ONLY

Date Application Received: _____

Room Assignment: _____

Date Housing Deposit Received: _____

FOB Assignment: _____

Vehicle Information Received: _____

Cleared by Business Office: _____