MONTANA STATE UNIVERSITY TRANSFER APPLICATION FOR BILLINGS, BOZEMAN, GREAT FALLS, & NORTHERN

PROVIDE THE INFORMATION BELOW, PRINT THE FORM, SIGN IT, AND MAIL OR FAX THE COMPLETED, SIGNED FORM TO THE ADMISSIONS OFFICE OF THE SCHOOL YOU ARE TRANSFERRING TO. ADDITIONAL INFORMATION MAY BE REQUESTED BY THE ADMISSIONS OFFICE.

IF YOU HAVE NEVER ATTENDED MSU BILLINGS, BOZEMAN, GREAT FALLS, OR NORTHERN, YOU MAY NOT USE THIS FORM.

STUDENT NAME: LAST, FIRST MIDDLE (and Previous Names):			Date of Bir	ТН (мм∕дд∕үүүү):	STUDENT I	D# or SSN#:
Email Address:			Phone Number(s):			
CURRENT MAILING ADDRESS:	CITY:	-	STATE: ZIP CODE:			
STATE IN WHICH YOUHow long have youCLAIM RESIDENCY:LIVED IN THIS STATE?			Have you been outside Montana for more Than 30 days in the last 12 months? Yes No			ORE YES NO
ARE YOU REGISTERED TO VOTE IN MONTANA? YES NO	Do you file Montana Taxes?	VEC NO				
CAMPUS YOU ARE LEAVING: MSU-BILLINGS MSU-BOZEMAN MSU-GREAT FALLS MSU-NORTHERN						
CAMPUS YOU ARE TRANSFERRING TO: MSU-BILLINGS MSU-BOZEMAN MSU-GREAT FALLS MSU-NORTHERN						
EXPECTED ENROLLMENT TERM: SPRING SUMMER FALL EXPECTED ENROLLMENT YEAR:						
CURRENT DEGREE & MAJOR MAJOR						
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 YES NO NO CAUSING PHYSICAL OR EMOTIONAL INJURY TO PERSONS OR TO PROPERTY? 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 YES NO EDUCATIONAL INSTITUTION FOR NON-ACADEMIC REASONS? 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 MSU INSTITUTIONS. CONTACT ALL NON-MSU INSTITUTIONS AND REQUEST AN OFFICIAL TRANSCRIPT BE SENT TO THE ADMISSIONS OFFICE OF THE SCHOOL YOU ARE TRANSFERRING TO.						
NAME OF INSTITUTION		(CITY/STATE)		D FROM (MM/YYYY)		

I UNDERSTAND THAT BY SIGNING THIS TRANSFER APPLICATION, I AM AUTHORIZING THE RELEASE OF ANY MSU INFORMATION RELEVANT TO THE ADMISSION DECISION. I ALSO UNDERSTAND THAT THE SCHOOL I AM TRANSFERRING TO MAY REQUIRE ADDITIONAL INFORMATION.

USE BACK OF THIS FORM IF EXTRA SPACE IS NEEDED

MONTANA STATE UNIVERSITY TRANSFER APPLICATION

PARTICIPATING MONTANA STATE UNIVERSITY INSTITUTIONS

MAIL OR FAX THE COMPLETED, **SIGNED** TRANSFER APPLICATION TO THE SCHOOL YOU ARE TRANSFERRING TO.

