

The UNIVERSITY of MONTANA - WESTERN
REGISTRATION / APPLICATION FORM
For EVENING, WEEKEND, OFF-CAMPUS & SUMMER Courses & Programs

NOTICE: In order to participate in educational services offered by UM-Western (earn credit, receive final grades), individuals must officially register (sign up and pay for classes). All individuals planning to enroll in UM-W evening, weekend, summer and/or off-campus/Internet courses should complete this page. Please read ALL instructions, answer ALL questions below. **New student must complete page 2 - Application.** Illegible or incomplete forms will NOT be processed. A \$30 nonrefundable Registration Fee is charged for processing this form. Return completed forms to: School of Outreach, UM-Western, 710 S. Atlantic, Dillon MT 59725. **Thanks!**

TERM & YEAR for which you are registering: ___ Fall ___ Spring ___ Summer Session What Year? _____

Before this term, had you ever been a student at Western? ___ YES, when? _____ ___ NO, complete back of this form.

Name: _____
 (Last name) (First name) (Middle Name) (Student ID or SocSecNumber)

List Maiden and/or ALL other last names you may have used - _____

Mailing Address: (Street / PO Box) _____ (County) _____
 (City) _____ (State) _____ (Zip) _____ (Phone Number) _____

E-mail Address: _____

Person to contact in case of Emergency: _____ **(Phone Number):** _____

Do you plan to earn a degree at Western? ___ NO ___ YES, what degree? ___ BAS ___ BA ___ BS ___ AA ___ AS ___ AAS

What Major(s) or Subject Area(s) will you study? _____ or, ___ ECE/CDA Program

May we release Directory Information to interested 3rd parties (including military recruiters)? ___ YES ___ NO

How will you pay for your enrollment costs ("X" or check methods that apply) for this term? *Payment must be made within the first week of the term; contact UM-W Business Services to make payment arrangements (406) 683-7101.

___ *Cash, Check or Money Order
 ___ *Credit Card: Card Number _____ Expiration Date _____
 Card Type: ___ VISA ___ MASTERCARD ___ DISCOVER

 (Signature of Credit Card Holder) (Today's Date)

___ *A third-party agency will pay my costs -- give name and address of agency _____
 ___ *Deferred Payment (you must sign a DP contract - contact the Business Office at Western – (406) 683-7101
 ___ *Financial Aid - contact the Financial Aid Office at Western for information - (406) 683-7511

*****List your Evening, Weekend, Summer or Off-Campus course selections below for the term/year you listed above. Fill in ALL information for each class; incomplete forms will be rejected.** Students taking more than one class this term and who plan to take more classes after this term must complete the university admissions application procedure (see instructions at top of page 2).

<u>CRN</u>	<u>DEPT</u>	<u>CRSE #</u>	<u>SEC</u>	<u>COURSE TITLE</u>	<u>CREDITS</u>	<u>OFF-CAMPUS SITE</u>	<u>NOTES or APPROVAL</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

To **AUDIT** - If you plan to AUDIT a course (no credit awarded), write the word "AUDIT" in the CREDITS column (above) of that course; follow this procedure for each course you want to Audit - consult current catalog for procedures and dates/deadlines to add/drop/WD.

---To participate in UM-W educational services (earn credit and receive grades), individuals must officially register & pay tuition/fees. To enrolled in the courses you listed above you must: (1.) submit this form to the School of Outreach (or Registrar's Office) for class schedule verification (computer check-out); and, (2.) pay (or make arrangements to pay) tuition and fees in the Business Office within the first week of the term. Class schedules will be canceled (2nd week of term) for non-payment (charges may not be reversed however); some enrollment fees are non-refundable (i.e., charged regardless of attendance).

---**By submitting a completed form for processing (or asking School of Outreach personnel to submit this form on your behalf) you agree to pay all applicable fees and costs associated with this enrollment including collection fees if applicable.** (New students pay a one-time, non-refundable \$30 Application Fee; all students pay the \$30 non-refundable Registration Fee each semester.) Changes (ADD/DROP/WITHDRAW) to the above schedule must be made via the UM-W Registrar's Office in **writing** or on line (dawks.umwestern.edu) and within the deadline for such action. Review important enrollment related dates and deadlines, take action on a timely basis.

---Students are responsible for making informed enrollment decisions and for knowledge of policies and procedures governing enrollment.

 (Student signature) (Today's date) Page 1

The UNIVERSITY of MONTANA - WESTERN
APPLICATION / REGISTRATION FORM (page 2)**
Evening / Weekend / Summer / Off-Campus / Internet Students

In order to participate in UM-W educational services (i.e., attend class, earn credit and grades), individuals must officially register (sign up and pay for classes)!

****If you've never attended Western before this term** (i.e., you are a new student at Western), you must: (A) complete both sides of this form, (B) submit an official copy of your high school transcript (or GED results) or send official transcripts from all colleges you've attended, (C) pay the \$30 one-time non-refundable Admissions Application Fee, and, (D) submit official documents proving that you've had two immunizations against measles and rubella. Submit this completed form to the UM-W School of Outreach, send all other items to: Admissions Office, UM-Western, 710 South Atlantic, Dillon, MT 59725.

Do you plan to take more classes at Western after this term? NO YES, When? _____

In the space below, list other colleges/universities you have attended* (you must provide official transcripts from each):

Name of College/University*	Location	Dates Attended	Credits Earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Did you earn a baccalaureate degree at any of the colleges listed above? NO YES, year? _____

*To be eligible to transfer to Western, you must be in good academic standing & eligible to return to all institutions you previously attended. Were you ever suspended or dismissed for academic reasons from any of the institutions you listed above? NO YES (attach a detailed statement explaining this situation)

List your HS Grad Date & Name/Location of HS - _____
(HS grad year) (Name of HS) (HS Location – City & State)

Please provide the following preliminary information concerning your academic background: _____
(HS GPA) (HS Rank) (ACT Comp) (SAT Combined)

IMMUNIZATION REQUIREMENTS: MONTANA STATE LAW requires that all individuals (born since January 1, 1957) enrolling at public colleges and universities show proof of having had two separate immunizations against **measles and rubella**. Have you provided Western with proof of immunity to these diseases?

NO You must provide proof of M/R immunizations to meet MT University System immunization requirements.
 YES In the space below, describe what proof and when submitted and date you had MMR immunizations:

Are you a US citizen? YES NO If not, in what country do you hold citizenship? _____

Birthplace: _____ **Birth date:** _____
(City) (State)

State Residency - Are you a resident of Montana?

YES Length of residence in Montana? _____ MT drivers license # _____ Exp date _____
 NO In what state do you currently reside? _____

In what state did you last file a state income tax return? _____ Did you file as a resident, or non-resident?

Have you ever been convicted of a criminal offense or institutionalized for threatening/causing physical or emotional injury to persons or property? NO

YES (you must attach a detailed explanation, failure to provide this information may cause delays/denial of your request for enrollment).

Have you ever been subject to disciplinary action at any institution for reasons other than academic performance?

NO
 YES (you must attach a detailed explanation; failure to provide this information may cause delays/denial of your request for enrollment).

OTHER INFORMATION - Please answer the questions below.

Gender: Female Male

Ethnic Background: American Indian/Alaskan Native (Tribal affiliation - _____)
 Asian or Pacific Islander
 Black (non-Hispanic)
 Hispanic
 Mixed Race (List predominant racial categories - _____)
 White (non-Hispanic)

Marital Status: _____

PROVIDING FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY RESULT IN CANCELLATION OF YOUR ENROLLMENT!

Send this form (and other admissions paperwork mentioned at the top of this page) to: UM-W School of Outreach, 710 South Atlantic, Dillon, MT 59725 (or to the UM-Western Admissions Office at the same address). Call 683-7511 or toll-free (866) 799-9140 with questions.