Personal Information (REQUIRED):

LEGAL NAME:
FIRST: _____ MIDDLE: _____ LAST: _____

Date of Birth: ____ / ____ / ____ (MM / DD / YYYY)

Social Security Number: _____
*Provision of SSN is voluntary & only used to distinguish individuals of the same or similar names.

Mailing Address: _____ City: _____ State: _____ Zip: _____

Student E-mail: _____ Phone #: _____

Country of Citizenship: _____ If not U.S., are you a permanent resident alien? _____ Yes _____ No

Name of High School or Home School: _____ Expected Graduation Year: _____

Statistical Information (VOLUNTARY):

Montana institutions of higher education using this application do no discriminate in admissions or the provision of services nor employment policies on the basis of race, gender, national origin, 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
_____ Other

Ethnicity:
_____ Hispanic or Latino
_____ Not Hispanic or Latino

Indicate All Races That Apply:
_____ White
_____ Asian
_____ Black or African American
_____ Hawaiian or Pacific Islander
_____ Other (please specify):
_____

Have your parent(s)/guardian(s) completed a Bachelor's degree? _____ Yes _____ No _____ Unsure

Safety & Security Questions (REQUIRED):

An affirmative response to any of these questions will not automatically prevent admission, but you will be asked to provide additional information. This information will be reviewed by a campus committee to ensure campus safety. Any falsification of omission of date may result in a denial of admission or dismissal.

Have you ever been convicted of a felony (please 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 educational institution for non-academic reasons? _____ Yes _____ No

Have you ever been required to register as a sexual or violent offender? _____ Yes _____ No

If you answered "YES" to any of the questions above, please explain:

Course Selection (REQUIRED):

Students must satisfy all course prerequisites and provide placement test scores when required upon registration. Registration will not be processed unless documentation of score is attached or on file at Montana Tech. We are **NOT** responsible for the wrong course selection made on the student's behalf. Students taking online courses will follow the College's official timelines, catalog, policies, and procedures.

Place an "X" in the Course Selection column of the course to be taken.

Course Title	SUB	Instructor	Credits	CRN	Course Selection

Approval (REQUIRED): Application will not be processed without signatures.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

*Parent/Guardian signature is required is the student is under 18 years of age and indicated acceptance of obligation for payment of course(s) taken.

High School Official Signature: _____ Date: _____

*The High School Official signature certifies that the student meets the requirements for dual credit or college-only-credit, is enrolled at a Montana high school accredited by the Board of Public Education, and has verification of all required immunzations on file at that school.

Cost & Billing Information (REQUIRED):

Through the Montana University System, students are allowed six free credits throughout their entire high school enrollment. For additional credits, please make checks payable to Montana Tech. Payment may also be made online at https://opp.mt.gov/doa/opp/Account/Login?ReturnUrl=%2Fdoa%2Fopp%2FUMMTTechJumpStart%2Fcart (click login; if this is your first time paying online, you will need to sign up), or by calling the Business Office at 406-496-4250. Payment is required at time of registration.

Party Responsible for Payment: _____

Relationship to Student: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Designation of a responsible party indicates consent for the college to discuss the bill with the party designated.

Credits	Cost	Credits	Cost	Credits	Cost
1	$64.90	5	$324.50	9	$584.10
2	$129.80	6	$389.40	10	$649.00
3	$194.70	7	$454.30	11	$713.90
4	$259.60	8	$519.20	12	$778.80

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Authorization for Release of Information (OPTIONAL):

The Family Educational Rights and Privacy Act (FERPA) of 1974 is designed to protect the privacy of a student's educational records. These records will not be released without written consent from the student. By signing this form, the student authorizes Montana Technological University personnel to release confidential information to designated person(s).

Dual Enrollment Student Authorization for Release of Information:

Dual Enrollment:

The dual enrollment credit program is a joint program between a college of the Montana University System (MUS) and your high school. As a joint program, the college and your high school have determined that it is administratively necessary for attendance and grades earned in college classes to be shared with your high school. **No academic information from the college to which you are enrolling will be released to your parents unless you expressly consent to such disclosure below.**

College-Credit-Only:

The release of student information to a student's parent/guardian by either the high school or college will be governed by the State and Federal laws governing those separate institutions. **As a result of such laws, the college will not release information to your parent(s)/ guardian(s) unless you expressly consent to such disclosure below.**

I hereby authorize the college to discuss and/or release the following information to my parent(s)/guardian(s) as designated below:

_____ Academic Information
_____ Billing Information
_____ Attendance
_____ Enrollment
_____ Conduct
_____ Health and/or Safety Info.

Additional Information to be Released: _____

PRINTED Name(s) of Designated Parent(s)/Guardian(s): _____

_____

Student Signature: _____ *Date: _____

*Student's consent expires 1 year from date of student's signature.

Signatures must be made in **pen**. Form must be submitted with completed Dual Enrollment application, or returned by student in person to Enrollment Services.

Solomon Amendment Notice: The Solomon Amendment is a federal law that allows military recruiters to access some biographical and academic program information on students aged 17 and older who have not filed any FERPA restrictions. The Department of Education has determined the Solomon Amendment supersedes most elements of FERPA. Institutions are therefore obiligated to release data included in the list of "student recruiting information", which may or may not match our FERPA direction information list.

Scholarship Application (THIS PAGE IS OPTIONAL):

Students enrolling in the Dual Enrollment courses through Montana Tech are eligible for two free courses (up to six credits) through the ONE-TWO-FREE program. After a student has utilized the free courses, they may be eligible to receive a scholarship to cover any tuition that exceeds what is covered through the ONE-TWO-FREE program. If the student is determined to be eligible, they may enroll in additional Dual Enrollment course(s) free of charge.

Students must reapply each semester for the scholarship. If a student meets the criteria, the scholarship will automatically be applied to their student account at Montana Tech.

Student Eligibility (TO QUALIFY FOR SCHOLARSHIPS, THIS SECTION IS REQUIRED):

Please check all that apply. If none apply, please leave blank.

_____ Receive free or reduced school lunch
_____ Household participates in SNAP
_____ Household participates in WIC
_____ Household receives Sec. 8 housing voucher
_____ Household member participates in Healthy Montana Kids (HMK)
_____ Household participates in TANF
_____ Household member receives SSI
_____ Household participates in Head Start
_____ Student is a Foster Care Youth
_____ Student or family is experiencing homelessness
_____ I acknowledge that I may be required to provide documentation for any of the above.

Scholarship Information (REQUIRED ONLY IF ABOVE SECTION HAS BEEN FILLED OUT)

FULL NAME:
FIRST: _____ MIDDLE: _____ LAST: _____

Date of Birth: ____ / ____ / ____ (MM / DD / YYYY) Phone Number: _____

High School: _____ Graduation Year: _____

Enrollment Term: _____

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

This form requires a parent or guardian signature. If that is not possible, a school official or social worker can sign for you.