

**Personal Information REQUIRED: (MUST PRINT LEGIBLY)**

Full Legal Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_\_ Email: \_\_\_\_\_  
MM DD YYYY \*provision of SSN is voluntary & only used to distinguish individuals of the same or similar names.

Mailing Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ If not U.S., are you a permanent resident alien of the U.S.? \_\_\_\_YES \_\_\_\_NO

Name of High School or Home School: \_\_\_\_\_ Expected Graduation Year: \_\_\_\_\_

**Voluntary Statistical Information:**

Montana institutions of higher education using this application do not 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:	Ethnicity:	Indicates all races that apply:
____ Male	____ Hispanic or Latino	____ White
____ Female	____ Not Hispanic or Latino	____ American Indian or Alaska Native
		____ Asian
		____ Black or African American
		____ Hawaiian or Pacific Islander
		*If other, please specify: _____

Have either of your parent(s)/ guardian(s) completed a certificate, degree, or program? \_\_\_\_ 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 or omission of data 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 education institution for non-academic reasons? \_\_\_\_YES \_\_\_\_ NO

Have you ever been required to register as a sexual or violent offender? \_\_\_\_YES\_\_\_\_NO

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

**Questions:**

[tjangula@mtech.edu](mailto:tjangula@mtech.edu)

**DUE BACK ON: Thursday 9/05/2025**

## 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 section 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 box of the course to be taken under 'Course Selection'**

Course Title	SUB	Instructor	Credits	CRN	x to select class

**Approval Required: ( application will not be processed without signatures)**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Required

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Parent/Guardian signature is required if the student is under 18 years of age and indicates acceptance of obligation for payment of course 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 on verification of all required immunizations on file at that school.

**Questions:**

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## 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 <https://svc.mt.gov/doa/opp/UMMTechJumpStart/cart> or by calling the Business Office at 406-496-4250. Payment is required at the 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
<b>1</b>	\$62.90	<b>5</b>	\$314.50	<b>9</b>	\$566.10
<b>2</b>	\$125.80	<b>6</b>	\$377.40	<b>10</b>	\$629.00
<b>3</b>	\$188.70	<b>7</b>	\$440.30	<b>11</b>	\$691.90
<b>4</b>	\$251.60	<b>8</b>	\$503.20	<b>12</b>	\$754.80

Questions:

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**Scholarship Application OPTIONAL:**

**Please check all that apply:**

- ☐ 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

\*If no selection is made above, this form will not be processed.

If selection was made above, please sign here saying you acknowledge that you may be required to provide documentation for any of the above \_\_\_\_\_

Full Name: \_\_\_\_\_

Last

First

Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone # \_\_\_\_\_

High School: \_\_\_\_\_

Enrollment Term: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

**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**

**Questions:**

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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 Tech University personnel to release confidential information to designated person(s).

Please check all that apply:

- ☐ Financial Aid Records, including FAFSA and award packaging information
- ☐ Recommendations for employment or admission to other institutions
- ☐ Student Account Records (e.g., enrollment records, billings, and payment records)
- ☐ Health or safety information

Other (describe with detail)

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Designated Person(s):

Name(s): \_\_\_\_\_ Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Relation to student: \_\_\_\_\_ Relation to student: \_\_\_\_\_

I understand that by signing this authorization that I am waiving my rights of nondisclosure of these records under federal law only to these persons specifically. This release does not permit the disclosure of these records to any other persons or entities without my written consent. I understand that this release will be in effect until I submit a written request to revoke the release.

ID# 799-\_\_\_\_\_ If you don't have a 799 #, it is okay to leave this section blank.

Print Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*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 obligated to release data included in the list of "student recruiting information," which may or may not match our FERPA direction information list.

**Questions:**

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