



# Application for Admission

PLEASE TYPE OR PRINT

Mail completed application to:  
2715 Dickinson, Miles City, MT 59301

Term of Enrollment:  Fall  Spring  Summer Year \_\_\_\_\_

## Personal Information

Full legal name \_\_\_\_\_  
Last First Middle

Previous name(s) \_\_\_\_\_

Social Security number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*We ask that you voluntarily provide this number, which permits the College to distinguish between individuals of the same or similar names. This is important should you request a transcript at a later date or wish to be considered for financial aid. You will not be penalized should you decline to provide this information.*

Permanent address \_\_\_\_\_  
Street

City State Zip Code

If Montana, indicate county \_\_\_\_\_

Telephone number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Mailing address \_\_\_\_\_  
Street

City State Zip Code

Telephone number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

E-mail address \_\_\_\_\_

MySpace URL \_\_\_\_\_

Birth date (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace \_\_\_\_\_

Country of citizenship \_\_\_\_\_

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

## Education Information

Have you previously attended Miles Community College?  Yes  No

If yes, list date of attendance \_\_\_\_\_

Educational Goal:  Associate Degree  Certificate  Other \_\_\_\_\_

Transfer to \_\_\_\_\_ (institution)

Program of Study (see back page for listing) \_\_\_\_\_

High School Attended (indicate if GED or home school) Location Graduation/Completion Date

\_\_\_\_\_

## Education Information (continued)

### Transfer School Information

If you have attended or are attending a college or university, please provide the following information for each institution and whether or not credit was earned:

College	Location	Dates of Attendance	Degree/Credits Earned

Were you ever suspended or dismissed for academic reasons from any of the institutions listed above?  Yes  No

If yes, please explain

## Residency Information

Are you claiming in-state tuition classification as a Montana resident?  Yes  No

If yes, compete the following questions. Failure to do so may result in your being misclassified. If no, skip to Section B, Question 8. In order to be considered for the Western Undergraduate Exchange (WUE) Scholarship, you must complete a Miles Community College Scholarship application.

A. Does your parent or legal guardian claim you as a federal income tax exemption?  Yes  No

If no, go to question B. If yes, please complete the following about your parent/guardian:

1. Who claims you as a federal tax exemption?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

2. Date they began living in Montana (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Dates of extended absences from Montana (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for absence \_\_\_\_\_

4. Have they filed a Montana state income tax return?  Yes  No

As a part-year resident  As a full-year resident

List the last three years Montana income taxes have been filed \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_

5. Date of their Montana voter registration (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_

6. Do they have a current Montana driver's license?  Yes  No

Issue date (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_ Is it a renewal?  Yes  No

7. Date of Montana vehicle registration (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_

8. What is their employment statue? (Check all that apply.)

Full time  Part time  Retired  Unemployed  Seasonal  Permanent

Name and address of employer \_\_\_\_\_

Date of start of employment (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_

B. If your parent or legal guardian does not claim you as an income tax exemption, please complete the following:

1. Date you began living in Montana (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Dates of extended absences from Montana (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for absence \_\_\_\_\_

3. Have you filed a Montana state income tax return?  Yes  No

As a part-year resident  As a full-year resident

List the last three years Montana income taxes have been filed \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_

## Residency Information (continued)

4. Date of your Montana voter registration (month/day/year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
5. Do you have a current Montana driver's license?  Yes  No
- Issue date (month/day/year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Is it a renewal?  Yes  No
6. Date of Montana vehicle registration (month/day/year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
7. What is your employment status? (Check all that apply.)
- Full time  Part time  Retired  Unemployed  Seasonal  Permanent
- Name and address of employer \_\_\_\_\_
- \_\_\_\_\_
- Date of start of employment (month/year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
8. Are you a member of the armed forces of the United States assigned to active duty in Montana?  Yes  No
9. Dates of military service, if applicable (month/day/year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- City and state from which you entered the service \_\_\_\_\_
10. Are you 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
- Response to the following question is voluntary. However, if you choose not to answer, your residency status will be determined strictly on the basis of the information provided. Failure to provide this information will not affect admission decision.*
11. What is your spouse's, parent's or guardian's employment status, if applicable? (Check all that apply.)
- Full time  Part time  Retired  Unemployed  Seasonal  Permanent
- Name and address of employer \_\_\_\_\_
- \_\_\_\_\_
- Date of start of employment (month/year) \_\_\_\_\_ / \_\_\_\_\_

Please fill in the table below with information about yourself for the past two years

From	To	Place of Residence	Employment	Schools Attended

## Safety and Security Information

This section must be completed.

1. Have you ever been subject to discipline, suspension, or probation at any institution of post-secondary education (beyond high school) for reasons not related to academic performance?  Yes  No
2. Have you ever been adjudicated or convicted of a criminal offense, other than a minor traffic violation, or otherwise institutionalized for threatening or causing physical or emotional injury to persons or property?  Yes  No
3. Have you ever been dismissed and/or suspended from a college or university for disciplinary reasons?  Yes  No
- Suspension is defined as a sanction imposed for disciplinary reasons that results in a student leaving school for a fixed time period, less than permanently. Dismissal from a college for disciplinary reasons is defined as a permanent separation from an institution of higher education on the basis of conduct or behavior.*

If you answered yes to any of the questions in this section, you must include an explanation with this application. An affirmative response to any of these questions will not automatically prevent admission. Any falsification or omission of data may result in a denial of admission or dismissal.

# Voluntary Information

## Gender

- Male       Female

## Education

Have either of your parents or guardian with whom you reside completed a bachelor's degree?     Yes     No     Unsure

## Ethnic Identity

- African American
- American Indian or Alaska Native (specify primary tribal affiliation and reservation) \_\_\_\_\_
- Asian
- Caucasian/White Non-Hispanic
- Hispanic (specify country of origin) \_\_\_\_\_
- Native Hawaiian/Pacific Islander (specify country of origin) \_\_\_\_\_
- Other (specify) \_\_\_\_\_

## Disability

If you have a disability requiring accommodation that should be brought to the attention of Miles Community College, please submit a request for accommodation to Student Services. Documentation of disability may be required. All requests regarding disability will be confidential and will not be used as a factor in granting or denying admissions.

## 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 nonacademic, and the scholastic standards of Miles Community College, including, but not limited to, those rules, regulations, and standards stated in both the catalog and student handbook. I further acknowledge that if I fail to adhere to these regulations or meet these requirements, my registration may be cancelled.

\_\_\_\_\_  
Applicant's legal signature

\_\_\_\_\_  
Date

## Checklist for Admission

- |   |   |
|---|---|
| <input type="checkbox"/> \$30 nonrefundable application fee                   | <input type="checkbox"/> Immunization records (proof of two doses of measles and rubella) |
| <input type="checkbox"/> Official high school, GED, or home school transcript | <input type="checkbox"/> COMPASS placement test, if applicable                            |
| <input type="checkbox"/> Official college transcript, if applicable           | <input type="checkbox"/> ACT or SAT scores, optional                                      |
| <input type="checkbox"/> Housing registration form and deposit                | <input type="checkbox"/> Submit FAFSA and scholarship applications                        |

## Degrees and Certificates

### Transfer Programs

Associate of Arts.....A.A.  
    *Programs of Study*

Elementary Education.....A.A.

Paraprofessional Educator.....A.A.

Physical Education.....A.A.

  

Associate of Science.....A.S.  
    *Programs of Study*

Agribusiness.....A.S.

Business.....A.S.

Nursing.....A.S.N.

Pre-Engineering.....A.S.

### Professional-Technical Education

Agriculture/Agribusiness.....C.

Automotive Technology.....A.A.S.

Automotive Technology.....C.

Building Technology.....A.A.S.

Building Technology.....C.

Health Information Technology

    Medical Coding Option.....C.

    Medical Coding Option.....A.A.S.

    Medical Transcription Option.....C.

    Medical Transcription Option.....A.A.S.

Heavy Equipment Operator.....C.

### Information Technology

    Computer Applications Option..A.S.

    Computer Science Option.....A.A.S.

    Networking Option.....A.A.S.

Office Information Technology.....C.

Office Information Technology...A.A.S.

Paraprofessional Educator.....C.

Radiologic Technology\*.....A.A.S.

Small Business Management.....A.A.S.

Other \_\_\_\_\_

\* Offered by The University of Montana College of Technology-Butte in partnership with MCC