



Application for Admission

PLEASE TYPE OR PRINT

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 _____

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 _____

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, complete 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 status? (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 convicted of a felony (please include instances of deferred sentencing)? Yes No

2. Have you ever been subjected to court-ordered confinement for threatening or causing physical or emotional injury to persons or property? Yes No

3. Have you ever been disciplined, suspended from, or placed on probation at any educational institution for non-academic reasons? Yes No

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

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 guardians) with whom you reside completed a bachelor's degree? Yes No Unsure

Race/Ethnicity

- Nonresident Alien
- American Indian or Alaska Native (specify primary tribal affiliation and reservation) _____
- Asian
- Black or African American
- Caucasian/White Non-Hispanic
- Hispanic (specify country of origin) _____
- Native Hawaiian/Pacific Islander (specify country of origin) _____
- Two or more races

Educational Goals

- Graduate and transfer to another college
- Graduate and find a job
- Graduate and advance in present job
- Take class(es) and transfer to another college
- Take class(es) and find a job
- Take class(es) and advance in present job
- Undecided

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, if applicable | <input type="checkbox"/> Submit FAFSA and scholarship applications |