



**GREAT FALLS
COLLEGE**
MONTANA STATE
UNIVERSITY

Application for Non-Degree Admission to be used by GFC MSU faculty and staff

*This application should be used by any GFC MSU faculty or staff who wish to enroll in classes as a non-degree student.
Any degree-seeking applicants must apply for admission through the online portal at www.gfcmu.edu*

Steps to Complete

Applicants must do the following:

- Submit this application form** to the Office of Admissions.
 - Applications must be submitted by the deadlines listed in the Academic Calendar.
- Pay the \$30 application fee.** This fee can be paid by cash, check, or credit card to Student Accounts. Any returning GFC MSU student does not need to pay the \$30 fee.
- Per state law, **if you enroll in 7 or more credits, you must submit proof of immunization** (2 MMRs) prior to course registration.

Faculty and staff *may* be eligible to utilize the **Faculty & Staff Tuition Waiver***.

***This waiver only covers the incidental fee of tuition. Other fees (including course fees and online fees) apply.**

If you are eligible, 1) complete the attached form 2) collect necessary signatures 3) turn in to the Financial Aid office.

If you have questions about eligibility for the tuition waiver, contact Human Resources.

Admission Choices

I am applying for admission for this term: **Fall 20** _____ **Spring 20** _____ **Summer 20** _____

By checking this box: I understand that I am using this application to apply for **Non-Degree status** which means that I am not pursuing a degree or certificate at this institution.

**Please note that students must indicate a program of study to be eligible for financial aid and that a few programs may not be eligible for financial aid. Please contact the Financial Aid Office for more information.*

Did you previously apply/enroll at Great Falls College MSU?

- Yes Please list last year of application/attendance _____
- No

Personal Information

Full Legal Name:

Last _____ First _____ Middle _____

Previous Last Name(s) _____

Social Security Number* _____ - _____ - _____ **or GFC MSU Student ID Number** _____

**Provision of the SSN is voluntary; however, Great Falls College MSU needs this information to fulfill its tax reporting requirements and to distinguish between individuals of the same or similar names.*

Gender: Male Female **Email Address** _____

Mailing Address: Street _____

City _____ **State** _____ **Zip** _____ **Home Phone** _____

(If Montana, indicate COUNTY) _____ **Cell Phone** _____

Personal Information (continued)

Permanent Address: Street _____

City _____ State _____ Zip _____ Home Phone _____

(If Montana, indicate COUNTY) _____ Cell Phone _____

Country of Citizenship* (Example: USA) _____

Date of Birth _____ Place of Birth _____

If not a citizen of the United States, are you a permanent resident alien of the United States? (circle one) Yes No

Are you a Veteran? (circle one) Yes No

Statistical Information *Providing this information is voluntary and will not be used in admission decisions.*

Please indicate your ethnic identity.

a. Do you consider yourself Hispanic/Latino?

Yes

No

b. If not Hispanic or Latino, indicate which one or more racial categories should be used to classify you:

American Indian or Alaska Native

Primary tribal affiliation and reservation _____

Asian

Country of origin _____

Black or African American

Native Hawaiian/Pacific Islander

Country of origin _____

White or Caucasian

Great Falls College Montana State University is committed to the provision of equal opportunity for education, employment, and participation in all College programs and activities without regard to race, color, religion, national origin, creed, service in the uniformed services (as defined in state and federal law), veteran status, gender, age, political ideas, marital or family status, physical or mental disability, genetic information, gender identity, gender expression, or sexual orientation. The College's Equal Opportunity Officer is the Chief Student Affairs and Human Resources Officer, 2100 16th Avenue South, Great Falls, MT 59405. Telephone: 406-771-5123

Academic History

1. High School Diploma

Date of High School Graduation:

Month: _____ Year: _____

Name of High School:

City: _____ State: _____

OR

High School Equivalency (GED or HiSet)

Date of Earned High School Equivalency:

Month: _____ Year: _____

City: _____ State: _____

2. College/University

If you have or are attending a **college or university**, please provide the following information for each institution.

A. Name of Institution: _____ City, State: _____

Dates of attendance: _____ to _____ Degrees/credits earned: _____

Were you academically suspended from this institution? *circle one* Yes No

B. Name of Institution: _____ City, State: _____

Dates of attendance: _____ to _____ Degrees/credits earned: _____

Were you academically suspended from this institution? *circle one* Yes No

C. Name of Institution: _____ City, State: _____

Dates of attendance: _____ to _____ Degrees/credits earned: _____

Were you academically suspended from this institution? *circle one* Yes No

Residency Classification

All questions must be answered to determine residency classification. If incomplete, the residence default status will be non-resident.

Are you claiming in-state tuition classification as a Montana resident (*circle one*): **Yes No**

If yes, please complete the following questions:

1. Are you a member of the armed forces of the United States (*circle one*) **Yes No**
 - a. If yes, please list dates of active duty (mo/day/yr) _____ to _____
 - b. City and state from which you entered the service _____
2. 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? (*circle one*) **Yes No**
3. Are you or will you be a graduate of a Montana high school after attending that school for your entire senior year, and registering at Great Falls College MSU within four fall terms (four years) of your high school graduation? (*circle one*) **Yes No**
4. Date you began living in Montana (mo/day/yr) _____
5. Dates of extended absences from Montana (mo/day/yr) _____ to _____
Reason for absence _____
6. List the last two years you filed Montana income taxes. If none, write n/a. _____
7. Date of Montana voter registration (mo/day/yr) _____
8. Do you have a current Montana driver's license (*circle one*) Yes No Issue date(mo/day/yr) _____
9. List the last two years of Montana vehicle registration (mo/day/yr) _____

Safety and Security

This section must be completed. An answer of "yes" to any of these questions will not automatically prevent admission, but you will be asked by the college 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.

A felony in Montana State Law is defined as a crime for which more than one year in prison may be imposed.

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 been dismissed, suspended from, or placed on probation at any educational institution for on-academic reasons? (Suspension is defined as discipline 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 because of conduct or behavior.)
 Yes No
4. Have you been required to register as a sexual or violent offender?
 Yes No

Course Registration

Students must satisfy all course pre-requisites and provide placement test scores when required. Registration cannot be processed unless documentation of scores is attached or on file at GFC MSU. All students using this registration form will follow the college's official timelines, catalog, policies, and procedures.

ON-CAMPUS or ON-LINE COURSES

1 st 8 week Block				
Course	Course Title	CRN	Instructor	Credits
2 nd 8 week Block				
Course	Course Title	CRN	Instructor	Credits
Full Semester				
Course	Course Title	CRN	Instructor	Credits

Certification & Consent

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 non-academic, and the scholastic standards of Great Falls College MSU, its colleges, schools, departments and institutes, including but not limited to those rules, regulations and standards stated in the catalog.

I further acknowledge that if I fail to adhere to these regulations or meet these requirements, my acceptance and/or registration may be cancelled.

By my signature below, I request the college to enroll me in the listed course(s) above.

X

Applicant's complete legal signature

Date

Questions? Contact:

Great Falls College MSU, Office of Admissions
2100 16th Avenue South, Great Falls, MT 59405

Phone: (406) 268-3700

Fax: (406) 771-2267