

Application For Admission

Please type or print
A Non-refundable \$30 application fee must accompany this application.
Submit application to:
1115 North Roberts • Helena, MT 59601

Admission Choices

Desired term of enrollment: Fall term 20 _____ Spring Term 20 _____ Summer Term 20 _____

Desired Degree: Associate of Arts (general education) Associate of Science (general education)
 Associate of Applied Science Certificate Non-Degree (not eligible to receive Financial Aid)

Program of study: _____

Were you previously enrolled at Helena College? Yes No
If yes then, when did you last attend Helena College? _____
What type of student were you? (check only one)
 Degree seeking Non-Degree On-Campus Experience
 Dual Enrollment Access to Success

Educational Goals

Which of the following describes your primary educational goal? (Please check only one)
 Earn a degree at Helena College Earn credits to enter a branch of the military
 Enhance job skills Part-time student
 Transfer to a four year college or university Other _____

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 school to distinguish between individuals of the same or similar names. This is especially important should you request a transcript at a later date, wish to be considered for financial aid, or would like tax documents such as a 1098-T.

Mailing address:
Street/PO Box: _____

City: _____ State: _____ Zip: _____ Contact Phone Number: _____

(If Montana, indicate county) _____

Permanent address:
Street: _____

City: _____ State: _____ Zip: _____ Home Phone Number: _____

E-mail address: _____

Birthdate: ____ / ____ / ____ Birthplace: _____

Country of citizenship: _____

Academic History

If you are or will be a high school graduate, please indicate:

Graduation date: ___/___/___ Complete name of high school: _____

City: _____ State: _____

If you have or will receive a GED, please indicate date and location: _____

**If you are a home school student, please contact the Admissions Office.*

If you have attended or are attending a college or university, degree-seeking students must provide the following information for each institution, whether or not credit was earned.

Complete School Name	Location	Dates of Attendance	Degrees/credits

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

If yes, please describe _____

Residency Classification

All questions must be answered to determine residency classification.

If incomplete, the residence status will be nonresident.

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

If **NO**, of what state are you a resident? _____ Skip to Safety and Security section.

If **YES**, please complete the following questions:

1. Date you began living in Montana: (mo/day/yr) _____
2. Dates of extended absences from Montana: (mo/day/yr) _____ to _____
Reason for absence: _____
3. List the last two years you filed Montana income taxes. If none, write N/A. _____
4. Date of Montana voter registration: (mo/day/yr) _____
5. Do you have a current Montana driver's license or ID card? Yes No
Issue date: (mo/day/yr) _____ Is this a renewal? Yes No
6. List the last two years of Montana vehicle registration. (mo/day/yr) _____
7. Are you a member of the armed forces of the United States? 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: _____
8. 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
9. Are you/will you be a graduate of a Montana high school after attending that school for your entire senior year, and you have/will be registering at Helena College within four fall terms of your graduation? Yes No

If your parent or legal guardian claims you as an income tax exemption, you must complete the next series of questions about your parent or legal guardian. Otherwise, please skip to the Residency Classification table.

1. Who claims you as a federal tax exemption?

Name: _____ Relationship: _____

2. Date he/she began living in Montana: (mo/day/yr) _____

3. Dates of extended absences from Montana: (mo/day/yr) _____ to _____

Reason for absence: _____

4. List the last two years they filed Montana income taxes. If none, write N/A. _____

5. Date of his/her Montana voter registration: (mo/day/yr) _____

6. Do they have a current Montana driver's license? Yes No Issue date: (mo/day/yr) _____

7. List the last two years of Montana vehicle registration. (mo/day/yr) _____

Residency Classification (continued)

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

Dates	Place of Residence	Employment	Schools attended

Safety and Security

This section must be completed.

Montana state law defines a felony as a crime for which more than one year in prison may be imposed.

1. Have you ever been convicted of a felony? Yes No
2. Have you been otherwise institutionalized for threatening or causing physical or emotional injury to persons or property? Yes No
3. Have you been dismissed and/or suspended from a college for disciplinary reasons? Yes No
Suspension is defined as a sanction imposed for disciplinary reasons that result in a student leaving a school for a fixed time period, less than permanently. Dismissal from a college for disciplinary reasons is defined as permanent separation from an institution of higher education on the basis of conduct or behavior.
4. Have you ever been required to register as a sexual or violent offender? Yes No

An affirmative response to any of these questions will not automatically prevent admission, but you will be asked by the college to provide additional information and documentation. 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. Failure to submit the safety and security documentation by the listed application deadline may prevent admission for the desired semester.

Statistical Information

Providing this information is voluntary.

Helena College is committed to the provision of equal opportunity for education, employment, and participation in all College programs and activities without regard to race, color, gender, marital status, disability, disadvantage, religion, political affiliation and/or national origin. *Providing the following information requested by this section is voluntary and the information provided will not be used in any admissions decisions.*

1. Gender: Male Female
2. Have either of your parents or guardian(s) COMPLETED a bachelor's degree? Yes No Unsure
3. Indicate your ethnic identity by checking the appropriate boxes. This information is for statistical analysis only; it is not used in the admission process and will have no bearing on your admission status.
 - a. Indicate your ethnic identity by checking the appropriate boxes:
 - Nonresident Alien
 - Race and Ethnicity Unknown
 - Hispanic (any race): _____
 - b. If not Hispanic or Latino, indicate which one or more racial categories should be used to classify you:
 - American Indian or Alaska Native Specify primary tribal affiliation and reservation
 - Asian Specify country of origin _____
 - Black or African American
 - Native Hawaiian /Pacific Islander Specify country of origin
 - White or Caucasian
 - Two or more races
4. Are you an active duty or service member? Yes No
5. Are you eligible for veteran benefits? Yes No
6. Are you a dependent of a veteran or military service member eligible to receive benefits? Yes No

Photo & Video

All students are advised that Helena College takes photographs and shoots videos throughout the year which may include images (as well as audio/video recordings of voices) of members of the student body and reserves the right to use them for publicity, promotional and marketing purposes. All such photographs are the property of Helena College and may be used for Helena College promotional purposes (e.g. electronic and printed publications, web sites, classroom use, college ads, etc.) without prior permission of the subjects. Students who do not wish to have their images/voices used for this purpose must stipulate this in writing to the office of Marketing and Recruitment at the beginning of the semester. It is also expected that such students will excuse themselves from photo/video sessions and inform the Helena College photographer that they do not wish to be included.

Emergency Contact Information

Contact Name: Last _____ First _____
Relationship: _____
Mailing address: _____
Street/Po Box: _____
City: _____ State: _____ Zip: _____ Contact Phone number: _____

Reasons for Applying

Which of the following factors were most influential in your decision to apply (select up to three)?

- | | | |
|--|--|--|
| <input type="checkbox"/> Affordable costs | <input type="checkbox"/> Overall reputation | <input type="checkbox"/> Admissions personnel |
| <input type="checkbox"/> Campus visit | <input type="checkbox"/> Parents or relatives | <input type="checkbox"/> Publications/Web |
| <input type="checkbox"/> Size of school | <input type="checkbox"/> Guidance counselor | <input type="checkbox"/> Classes before transferring elsewhere |
| <input type="checkbox"/> Educational fulfillment | <input type="checkbox"/> Financial Aid/Scholarship | <input type="checkbox"/> Physical/Geographic location |
| <input type="checkbox"/> Graduate school preparation | <input type="checkbox"/> Proximity to home | <input type="checkbox"/> Faculty contact |
| <input type="checkbox"/> General education classes | <input type="checkbox"/> Skills for a new job | <input type="checkbox"/> Personal interest |
| <input type="checkbox"/> Specific academic program: | <input type="checkbox"/> Other: _____ | |

Students with Disabilities

If you have a disability that you wish to bring to the attention of the institution to which you seek admittance, you may do so, before or after admission, by submitting an application to the Disability Services office. Applicants who need an alternative accessible format of this application may request it from Disability Services. All requests regarding disability will be confidential and will not be used as a factor in granting or denying admission.

For more information about Disability Services as well as an online application, visit <http://www.umhelen.edu/disability/default.aspx>.

Family Educational Rights and Privacy Act (FERPA)

Student's Rights: FERPA grants certain rights, privileges, and protections related to students' educational records maintained by the College. Students' educational records (with the exception of directory information) will not be released to third parties outside of the College, except with the written consent of the student. Students have the right to inspect their own educational records, except for those to which students have expressly waived this right (e.g. Career Services placement files). Students have the right to request amendment of their records, if they are found to be inaccurate, misleading, or otherwise in violation of the students' privacy or other rights. Such requests should be made as soon as the student becomes aware of the inaccuracy or any other problem. Any student may file a complaint with the US Department of Education concerning any alleged failure on the part of the College to comply with the requirements of FERPA.

Directory Information: FERPA permits the release of information designated as directory information to third parties outside the College without the written consent of the student. Helena College has designated the following items as Directory Information: Student name, address, telephone number, major field or study, enrollment status (full-time, part-time), dates of attendance, degrees and awards received and most recent previous schools attended. Please refer to complete list of directory information in current catalog. The college may disclose any of those items without prior written consent.

Restriction of the Release of Information: Currently registered students have the right to request that information designated as directory information be withheld from release by the college; to do so contact the Registrar's Office.

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 the appropriate institution, its colleges, schools, departments and institutes, including but not limited to those rules, regulations and standards stated in both the undergraduate and graduate catalogs. **I further acknowledge that if I fail to adhere to these regulations or meet these requirements, my registration may be canceled.**

Applicant's complete legal signature

Date