1. New freshman applicants who have graduated within the last three years MUST complete this form and return it with their application for admission (see GED-only exception below). A current transcript WILL NOT substitute for this document.

2. Official high school transcripts should be sent only after graduation.

3. Please complete the self-report form on the reverse side by listing all courses passed including those in progress. Please print clearly.

Name

Social Security No. (optional) — —

Graduation Date / / MONTH DAY YEAR

Complete Name of High School

City State Phone ( )

For Montana residents only, please include your Office of Public Instruction (OPI) state ID number (9 digits)

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Current class rank in a class of

Current cumulative grade point average on a 4.0 scale

TEST SCORES (official scores from testing agency or official high school transcript required for admissions):

ACT

ENG MATH READ SCI COMPOSITE WRITING ELA ESSAY Test date

SAT

READING/Writing MATH SECTION WRITING/LANGUAGE MATH TEST TOTAL Test date

Montana University System (MUS) writing score Test date

☐ I have not yet taken the ACT or SAT Intended test date

Other (specify) Test date

GED passed on this date / / MONTH DAY YEAR CITY STATE

PLEASE CHECK ANY THAT APPLY TO YOU:

☐ Before my first enrollment begins, at least three years will have passed since my high school graduation date.

☐ I will be a part-time student enrolled for seven or fewer credits.

☐ I will be enrolling only for summer term(s).

☐ I will not meet admission requirements and would like an exemption to the requirements or to attend part-time.
   (Contact the Admissions Office regarding requirements).

☐ I request that the decision on my application take into consideration my special talents, minority status or special needs.
   (Please make your request on a separate page and attach.)

I understand that this information may be used as a preliminary basis for admission to the university. It is complete and correct as of this date. If information changes, I will notify the Admissions Office of the changes and understand that my admission status will be re-evaluated.

Applicant’s Signature Date

PLEASE COMPLETE THE FORM ON THE BACK OF THIS PAGE.
## SELF REPORT OF HIGH SCHOOL COURSES

### INSTRUCTIONS AND FORM

**COLLEGE PREPARATORY COURSES:**
Complete this section using the exact titles and grades of high school courses you have passed. Also include courses you plan to take (place an asterisk(*) in the field rather than a grade). If you are unsure of any information, contact your high school counselor or principal for clarification.

**GRADUATES OF MONTANA HIGH SCHOOLS:**
Your high school counselor or principal has the “School List of Academic Courses that Satisfy the Board of Regents’ College Preparatory Curriculum.” Use only your courses from the list to complete this section.

**GRADUATES OF HIGH SCHOOLS OUTSIDE THE STATE OF MONTANA:**
If you have completed a similar college preparatory program required in your state, please have your school verify the completion below.

### COLLEGE PREPARATORY VERIFICATION (OUT-OF-STATE STUDENTS ONLY)

---

### Montana University System College Preparatory Requirement

<table>
<thead>
<tr>
<th>Semester</th>
<th>9th Grade course/grade</th>
<th>10th Grade course/grade</th>
<th>11th Grade course/grade</th>
<th>12th Grade course/grade</th>
<th>OFFICE USE</th>
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</tbody>
</table>

**A. English** (4 years)
Written and oral communication skills and literature.

1
2

**B. Mathematics** (3 years)
Including Algebra I, Geometry, Algebra II (or sequential equivalent).

1
2

**C. Social Studies** (3 years)
Including global (world) studies; American hist.; and gov’t, econ, Indian history, psych, sociology or other third-year course.

1
2

**D. Laboratory Science** (2 years)
Including at least one year of earth science, biology, chemistry or physics.

1
2

**E. Other** (2 years)
Chosen from foreign language, computer science, visual/performing arts or vocational education.

1
2

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### COLLEGE PREPARATORY VERIFICATION

I, [Student Name], have completed or will complete the college preparatory curriculum.

Approved by the State of ________________________________

Printed name of high school official ________________________________ Signature ________________________________

Position ________________________________ Date ________________________________