



**MONTANA UNIVERSITY SYSTEM**  
**OFFICE OF THE COMMISSIONER OF HIGHER EDUCATION**

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2500 Broadway - PO Box 203201 - Helena, Montana 59620-3201  
(406) 444-6570 - FAX (406) 444-1469

**APPLICATION FOR STATE AUTHORIZATION - PUBLIC INSTITUTIONS**

Please complete this form and email it to the [Montana State Authorization Compliance Agent](#).

**INSTITUTION INFORMATION**

Institution Representative (name/title):

Institution Name:

Institution Street 1:

Institution Street 2:

Institution City:

Institution State:

Institution Zip Code:

**ACCREDITATION INFORMATION**

Full Name of Accrediting Agency:

Current Sanctions? Yes      No

If yes, please explain:

**ACKNOWLEDGEMENT**

On behalf of the institution, I acknowledge that the appropriate officials have read and understand the laws and policies regarding the authorization to operate a post-secondary institution in the State of Montana.

Name

Date