MONTANA UNIVERSITY SYSTEM APPLICATION
American Indian Undergraduate Tuition Waiver
(New Form Effective Fall Term 2026)

QUALIFICATIONS: You may qualify for the American Indian Tuition Waiver if you meet the following criteria:

- You are a resident of the State of Montana (per BOR Policy 940.1) and are attending a MUS qualifying campus.
- You are an enrolled member or a tribally certified descendant of a federally recognized Indian tribe which is located within the boundaries of the State of Montana. Accepted documentation as follows: Tribal Enrollment Card; Form letter(s) documenting descendancy; and/or Document of parent (grandparent) enrollment and/or degree of blood verified by CIB (Certificate of Indian Blood) letter or card.
- You have demonstrated financial need as defined by the Board of Regents Policy 940.13 (F) (4) and verified by completing the Free Application for Federal Student Aid (FAFSA). You must complete and submit the FAFSA **each** academic year you are requesting this fee waiver.

FEDERALLY RECOGNIZED TRIBES LOCATED WITHIN THE BOUNDARIES OF MONTANA:

Assiniboine	Little Shell Chippewa	Kootenai
Northern Cheyenne	Chippewa	Blackfeet
Crow	Cree	Pend d'Oreille
Sioux	Salish	Gros Ventre

LIMITATIONS:

- This waiver **does not waive any fees**. Payment of fees is the responsibility of the student.
- This waiver cannot be used with other tuition waivers.
- This waiver can only be used towards undergraduate tuition.
- To utilize this waiver, you must notify the Financial Aid Office no later than the **third week of the semester** that you wish to begin utilizing this waiver **RETROACTIVE AWARDS ARE NOT MADE FOR PREVIOUS SEMESTER(S)**
- To continue to receive this waiver, you must maintain Satisfactory Academic Progress (SAP) as defined by your campus.

Name: _____
First **Middle** **Last**

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Name of Tribe (print): _____

Tribal Enrollment Number: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Email or Website:** _____

I certify the information provided in this application is accurate and complete to the best of my knowledge.

Signature **Date** **Social Security Number or Student ID**

PLEASE SUBMIT THIS FORM AND DOCUMENTATION TO YOUR CAMPUS FINANCIAL AID OFFICE

Once this form is approved/denied, you do not need to complete it again as long as you remain continuously enrolled at this campus and you continue to meet the requirements listed above.

If you have questions, please call 1-800-537-7508.

PROOF OF INDIAN DESCENT MUST ACCOMPANY THIS FORM