The Montana University System classifies all applicants for admission and students as either in-state or out-of-state. This classification affects fee determinations for admission to the campuses and admission to programs of limited enrollment. The basic rules for making the classification are found in Board of Regents' residency policy. A copy of the policy is included in this booklet. It is important to bear in mind that each residency determination is based on the unique set of facts found in each individual's case. If you have questions concerning your particular case, be sure to contact the unit to which you are applying for admission or at which you are already enrolled. Generally, the Admissions Office or the Registrar's Office will be able to assist you.

With certain exceptions, in order to be eligible for in-state status, a person must meet the required durational residency test identified in the residency policy. For students/applicants applying for certification as Montana residents for purposes of application to professional student exchange programs, including, but not limited to WICHE, WWAMI, Minnesota Dental or WIMU, the required time period is 24 months. For all other students/applicants, the required time period is 12 months. You will have to demonstrate a bona fide intent to become a Montana resident. The required durational residency period does not start until some act indicative of an intent to establish residency is taken. Mere presence in Montana will not serve to start this period. Acts sufficient to start the period include registration to vote, obtaining a Montana driver's license, registration of a motor vehicle in Montana, purchase of a home in Montana, or filing of a resident Montana tax return. However, if a person is registered for more than one-half of a full-time credit load at any post-secondary school during the required durational time period, a rebuttable presumption is created that the person is in the state primarily for educational purposes and that period of time will not be considered as part of the required waiting period and will serve to interrupt any current waiting period unless the presumption is overcome.

Once the establishment period has commenced, you are expected to act in a manner consistent with Montana residency and to do all those things required by law of a Montana resident. Any actions inconsistent with or in contradiction of a claim of Montana residency may result in your classification as out-of-state. Examples of such inconsistent or contradictory actions are voting absentee in another state, participation in an exchange program affecting fee status, e.g. WUE or NSE, or receiving financial aid based on non-Montana residency (such as state specific financial aid from another state). In particular, a Montana driver's license should be obtained within 60 days of the start of the establishment period, and any motor vehicle operated by a resident in Montana should be registered in Montana within 60 days of moving to the state. Close attention is paid to meeting the Montana income tax filing requirements; all taxable income earned during the establishment period must be reported. The policy lists various acts that are consistent with a claim of Montana residency.

There are a series of presumptions with respect to residency. These presumptions assist the units in making residency decisions. If one of the presumptions is applicable to you, you will bear the burden of overcoming the presumption with clear and convincing evidence. To overcome the presumptions you will have to show significant acts beyond those often done by students. In general, it will be difficult to overcome a presumption of out-of-state status. If you are planning to be outside of Montana for more than 30 days during the applicable residency period, you should discuss the matter with the Admissions Office or the Registrar's Office to determine how your absence will affect your residency status. Because each case is unique it is generally difficult to say precisely what acts will suffice to overcome a presumption.

In addition to acquiring in-state status based on residency, you may be eligible for in-state status based on one or more exceptions provided for in Regents' policy. Because they are exceptions, these additional means of acquiring in-state status will be strictly construed. It is important to note that in-state status under an exception will be lost if you no longer meet the requirements for the exception to apply. Consequently, if you can also meet the requirements for in-state status based on meeting the applicable residency establishment period, it is to your advantage to be classified based on residency rather than on an exception.
All presently enrolled students have a classification, and all applicants for admission will be classified by the appropriate college, university, or program upon receipt of their applications. The initial classification can be appealed. Students are permitted to petition for reclassification at any time. In order to be eligible for in-state status for fee purposes at one of the System campuses, it is necessary to meet the requirements for such status on or before the fifteenth instructional day for the school term for which the status is sought. Reclassification is not automatic and will not occur unless the individual so petitions. It is your responsibility to meet any filing deadlines that are imposed by the appropriate System unit or program. All students should check with the appropriate unit or program to determine the time limits for filing. The appeal process is given in the Regents’ policy.

Eligibility for certification as a Montana resident for purposes of application to the professional student exchange programs, including, but not limited to WICHE, WWAMI, Minnesota Dental or WIMU, requires applicants to meet the applicable residency requirements by the October 15th certification deadline the year prior to entering professional school.

The determination of your in-state or out-of-state status will be based on the residency questionnaire. You should carefully answer the questionnaire. Any incorrect or false responses may result in retroactive reclassification. If you believe there are factors in your case that will not be revealed by the responses called for by the questionnaire, you should feel free to provide a description of these factors. You should document your responses if you are seeking in-state status (i.e., supply photocopies of your driver’s license, voter registration, car registration, etc.).

**REGENTS’ POLICY 940.1 – Residency**

I. **Board policy**

A. All applicants for admission and students at the campuses of the Montana University System (MUS) shall be classified as in-state or out-of-state for fee purposes, admission to the campuses, and admission to programs of limited enrollment. A student who is not classified as in-state is considered to be out-of-state. The following criteria and procedure shall be applied at all campuses.

B. Except as provided in subsection H, a person may be classified as in-state following a 12-month continuous period of domicile in Montana with a documented and dated intent to become a resident of Montana as provided in subsections C through F.

C. 1. The 12-month period referred to in subsection B does not begin to run until an act indicative of intent to become a Montana resident is taken. The following will serve as such indicators:
   (a) An automobile belonging to the person seeking in-state status is registered in Montana,
   (b) A Montana driver's license is acquired,
   (c) A Montana voter registration is acquired,
   (d) A principal residence is purchased,
   (e) A resident Montana individual income tax return is filed.

2. Only in the event that none of the above indicators are appropriate, the person seeking in-state status may file an affidavit of intent to establish residency. A form may be obtained from and must be filed with the unit. Other actions may be considered as indicators provided that the action is clearly indicative of an intent to establish residency and is not an action that students routinely take.
D. 1. During the 12-month period and thereafter for as long as in-state status is desired, the person seeking or granted such status must act in a manner consistent with Montana residency, including all legal obligations and responsibilities based upon such residency. Enjoyment of a status, receipt of benefits, or exercise of a right or privilege inconsistent with or in contradiction of Montana residency may be a basis for classification as out-of-state.

2. The 12-month period does not run for any period during which the person enjoys a status, receives a benefit, or exercises a right or privilege based upon residency outside of Montana, or which negates the intent to become a Montana resident.

E. 1. (a) It is presumed that the domicile of a minor or unemancipated person is that of the person's parents or legal guardian.

(b) If the parents are divorced, separated or deceased, the minor or unemancipated person will be presumed a resident if either:

(i) The parent or legal guardian with whom the student normally resides is a resident of Montana,

(ii) The parent or legal guardian who takes the student as an exemption for federal income tax purposes or supplies a majority of the support for the student is a resident of Montana.

2. It is presumed that a person absent from Montana in excess of 30 days during the 12-month period upon which in-state status is claimed lacks the necessary intent to acquire Montana residency as required by subsection B.

3. (a) It is presumed, in the case of an individual who would have formerly been eligible for in-state status based on meeting the residency requirements but who has been absent from Montana for a period of 12 months or more, that such individual has abandoned in-state status. This presumption does not apply to individuals who can demonstrate satisfaction of the 12-month residency requirement subsequent to the absence. This presumption does not apply to absences from the state for purposes of post-secondary education or service in the armed forces of the United States provided the individual has not taken any actions in contradiction of the claim of Montana residency.

(b) Notwithstanding the terms of this section, former Montana residents may be re-classified as in-state without serving a 12-month period of physical domicile in Montana if the student is unable to be present in Montana for the required 12-months due to his or her service in an active duty military assignment. The student must demonstrate re-establishment of Montana residency in all other ways required of the policy for a period 12 months prior to the application for residency. For purposes of this policy, membership in ROTC, in the reserves or in the National Guard, does not, in itself, qualify as active duty. Active duty military status cannot be achieved by attending school.

4. (a) It is presumed that any person, not eligible for in-state status under this policy, who is registered for in excess of one-half of a normal full-time credit load is present in the state primarily for educational purposes, and such periods may not generally be applied to the 12-month period referred to in subsection B.

(b) For purposes of this subsection "in excess of one-half of a normal full-time credit load" means:

(i) Any period of time for which an undergraduate student is registered for 7 or more semester credits, or

(ii) Any period of time for which a graduate student is registered for in excess of half of the minimum full time credit load for graduate students as defined for financial aid purposes by the institution at which the student is enrolled.

5. In order to overcome any of the above presumptions, the person desiring in-state status must do so by clear and convincing evidence.

F. If a person, who did not qualify for in-state status or who had not taken acts indicative of an intent to establish Montana residency prior to imprisonment, is incarcerated in a Montana state or local penal institution, the time spent in the institution may not apply towards satisfaction of the 12-month residency requirement.

G. Students applying for certification as Montana residents for purposes of application to professional student exchange programs, including, but not limited to WICHE, WWAMI, Minnesota Dental or WIMU, must meet residency standards as set forth in paragraphs B-F, except that applicants for professional student exchange programs who have not previously met the requirements to qualify as Montana residents under this policy must demonstrate a twenty-four month period of domicile in
order to be considered for in-state status. Students meeting residency status under subsection H are not eligible for these professional student exchange programs.

H. 1. Notwithstanding the residency requirement, the following classes of persons are eligible for in-state status:
   (a) Members of the armed forces of the United States assigned to active duty in Montana, their spouses, and their
dependent children during the member's tour of duty in Montana;
   (b) An individual domiciled in Montana and employed full-time in a permanent job in Montana and the spouse and
dependent children of such an individual provided the primary purpose of the person seeking in-state status for
coming to Montana was not the education of the children, the spouse, or the employed individual;
   (c) Any graduate of a Montana high school accredited by the board of public education who is a citizen of the United
States or a resident alien who registers at a unit no later than the fourth fall term following the student's high school
graduation shall be eligible under this section for in-state status for either (1) six years from the date of initial
registration or until the achievement of a baccalaureate degree, whichever occurs first, or (2) as long as the
individual remains continuously enrolled at a MUS system campus (excluding summers); provided either of the
following conditions existed at the time the student graduated from high school:
      (i) The student attended the Montana high school for the student's entire senior year; or
      (ii) The student had a parent who was employed and resided in Yellowstone National Park;
   (d) An individual domiciled in a state other than Montana who derives more than 50% of family income, as reported
or required to be reported under the United States tax laws, from full-time employment in a permanent job in
Montana and who pays all required Montana taxes on Montana derived income and the spouse and dependent
children of such individual; provided the state of domicile provides reciprocal treatment for Montana residents.
   (e) An Individual, living in Montana, who is a “covered individual” under Section 702 of the Veterans Access,
Choice and Accountability Act of 2014 (38 U.S.C. § 3679(c)).

2. If a person receives in-state status under the provisions of this subsection H, such status continues only so long as the
person remains a member of one of the described classes. If the person no longer is eligible for membership in one of
the classes, the person will be reclassified as out-of-state unless the person qualifies for in-state status under the
residency provisions. It is the responsibility of an individual to notify the unit if the individual is no longer eligible for an
exception.

II. Procedures:

A. An applicant for admission to a campus or to a particular program, to be classified as an in-state student, must meet the
requirements for in-state status as of the date the application is received by the campus or program. If a closing date has been
established for applications to a particular program, the status for purposes of admission to the program shall be determined as of
the closing date.

B. 1. Any applicant or student classified as out-of-state may petition to the campus for a change of classification upon
forms to be prescribed by the commissioner's office and available at the campus. The burden of proof, including
production, is upon the individual seeking the change in classification. In order to be reclassified an individual must
meet the requirements found in subsections A through H. Unless the campus policy provides otherwise, to be
eligible to receive in-state status for a particular term of enrollment, the individual must be eligible for in-state status
on or before the 15th instructional day of the term and the reclassification petition must be submitted no later than
seven working days prior to the first day of registration. An applicant or student initially classified as out-of-state
may only receive an in-state classification pursuant to the procedures in this subsection.

2. The registrar of a campus or a designee of the president or chancellor if there is no registrar may initiate proceedings
to reclassify an individual with in-state status to out-of-state status if it is determined that the individual enjoys a
status; receives a benefit; exercises a right or privilege inconsistent with or in contradiction of Montana residency; or
fails to meet a legal obligation of Montana residency. The registrar shall inform the individual of the proposed action
and permit the individual to present written or oral material if the individual wishes. The registrar shall make a written
decision as to reclassification and inform the individual.

3. A change in classification under subsection II (B)(1) above is effective on the first official day of enrollment for the first
term following the date the petition is received by the registrar's office unless
the late filing of a Montana individual income tax form is required, in which case the effective date is the date of filing the tax form. A change in classification under subsection II (B)(2) above is effective upon the first day of enrollment for the first term following the date of the registrar's decision letter.

C. An individual may appeal the initial classification decision or a reclassification decision. If a particular campus provides for an on-campus appeal, such appeal must first be taken. The final campus decision may be appealed to the commissioner of higher education, and the commissioner's decision may be appealed to the board of regents. An appeal shall be accompanied by an appeal form prescribed by the commissioner's office and available at the campus. An appeal shall be submitted to the campus administration for transmittal to the commissioner and must be submitted to the campus within 14 calendar days of the final campus decision. For good cause the commissioner may accept an appeal beyond the deadline. The commissioner's decision may only be appealed within 21 calendar days of the date of the commissioner's written decision. An appeal may be accompanied by any written materials the student wishes to submit that are relevant to the classification decision. Neither the commissioner nor the board is required to hold hearings on an appeal. The commissioner's decision may impose conditions upon the individual for receiving and retaining in-state status.

D. An individual classified or reclassified as in-state based upon false, incomplete, or incorrect replies to residency questions or evidence submitted to the unit, the commissioner, or the board is subject to retroactive reclassification by the registrar or the commissioner as out-of-state. In such case the individual is liable for the additional fees that would have been collected had the individual been classified as out-of-state.
INSTRUCTIONS FOR COMPLETING RESIDENCY QUESTIONNAIRE

You should complete the questionnaire as requested. If a particular item is not applicable to your particular situation, mark the item N/A. Attach to the questionnaire all items that serve to document your responses (e.g., copies of your driver’s license showing the date of issue). If you do not document your responses, you may be classified out-of-state as a result of lack of proof. Because the policy contains a time element, it is important that your documentation clearly show the date when an action was taken. Again, if you have questions concerning documentation, you may contact the appropriate unit of the System for guidance.

The following is a section by section analysis of the residency questionnaire:

1. If you have never been classified as in-state or out-of-state by the unit which you wish to attend, check 1a. If you have been classified by the unit and are requesting a reclassification, check 1b. A student transferring from one unit of the system to another should check 1a.

2. The responses called for in this item should be self-evident.

3. Read each of the statements carefully and check yes only if the entire statement is true with respect to you, and check no if the statement is not completely true with respect to you. A yes response to any of these statements may mean you are eligible for in-state status under one of the exceptions in the Regents’ policy. If you check yes to a statement, you should submit documentation to support your claim. An Employer’s Affidavit is included in this guide.

4. This item contains numerous questions relating to your eligibility for in-state status based on residency. Even if you are eligible for in-state status based on an exception, it will be to your advantage if you also can receive in-state status based on residency, and consequently, you should provide responses to all items in 4.
   4d — you should indicate in what state your father and your mother make their home. If you do not have a legal guardian other than your parents, simply mark N/A in the space next to legal guardian.
   4f — if you will not be claimed as an exemption in the current year, but you were claimed as an exemption in the prior tax year, you should submit an affidavit from your parent or legal guardian that you will not be claimed as an exemption. An affidavit is included in this guide. You may be required to submit proof of this at a later date.
   4o — if you possess a current Montana driver’s license and this license is a renewal of an earlier license, you should indicate this fact.

5. In-state status based on residency requires either a 12-month or 24-month period of residency (24 months for purposes of application to the professional student exchange programs; 12 months for all other purposes) prior to gaining such status, and this period does not begin to run until some act indicative of an intent to establish residency is taken. Items 5a and 5b request you to supply the beginning date and the act that started your establishment period running. If the act you specify is determined to be insufficient to start the period running, your questionnaire will still be reviewed to see if you meet in-state requirements. If, during the applicable residency period, you were absent from Montana for more than a total of 30 days, answer yes to item 5c and explain the reasons for such absence.

6. Fill out the table carefully starting with the date identified in 5a (the beginning date of your initial 12-month, or initial 24-month residency period as applicable) up through the current time. If insufficient space is provided, prepare and attach a supplementary table. Place of abode means the physical site where you were living, city and state is sufficient. If you were absent from Montana for any period longer than 21 days, you should show the absence in the table.

7. The responses called for in this item should be self-evident.

8. This item requires you to estimate the sources of your support for either the 12 months or 24 months (24 months for purposes of application to the professional student exchange programs; 12 months for all other purposes) prior to the date on which you sign and date this questionnaire. You must show and list all sources of income, including student loans, other federally insured loans, and scholarships. You may be required to document your responses.

9. This item permits you to provide any additional information you feel should be considered in determining your residency status. If you need more space, attach additional sheets of paper as necessary.
Read and understand the statements immediately above the signature and date line. In particular, note that you are giving permission to the personnel who review your questionnaire to contact various sources, including taxing authorities, to verify your responses. Sign and date the questionnaire and submit it to the appropriate office. Your questionnaire will not be processed and you will not be eligible for in-state status if you fail to sign and date the questionnaire. A questionnaire is not considered to be received until it is signed and dated.
**RESIDENCY QUESTIONNAIRE**

Before completing this questionnaire, please read this pamphlet in its entirety and pay careful attention to the questionnaire instructions.

Please check the appropriate box or supply the requested information.

1. Check the appropriate box:
   a. [ ] This is a request for initial residency classification.
   b. [ ] This is a request for a reclassification.

If you are requesting in-state status, it is necessary for you to complete the remainder of this form. Failure to complete the form or failure to supply supporting documentation may result in your classification as out-of-state. Incorrect or false responses may subject you to retroactive reclassification and/or criminal penalties under Montana law.

2. Please supply the required information.

Name ___________________________________________________ Birthdate ________________ Age ___________

Local Mailing Address _________________________________________________ Phone ______________________

Permanent Mailing Address ____________________________________________ Phone ______________________

University Unit or Program __________________________________________________________________________

Semester/Academic Year for which in-state status is sought _____________________________________________________________________________

Student ID No. (if any) ______________________________________________________________________________

E-mail Address: ___________________________________________________________________________________

3. Check the appropriate box. In order to check yes, all items in the statement must apply to you:

   a. [ ] yes [ ] no  
      I am a member of the armed forces of the United States assigned to active duty in Montana.

   b. [ ] yes [ ] no  
      I am 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.

   c. [ ] yes [ ] no  
      I am domiciled in Montana and employed full-time in a permanent job in Montana and the primary purpose for my coming to Montana was not the education of myself, my spouse, or my dependent children.

   d. [ ] yes [ ] no  
      I am the spouse or dependent child of an individual who is domiciled in Montana and employed full-time in a permanent job in Montana and the primary purpose for my coming to Montana was not the education of myself, my spouse, or my dependent children.

   e. [ ] yes [ ] no  
      I am or will be a graduate of a Montana high school, I have or will be registering at a unit of the Montana University System no later than the fourth fall term following my high school graduation and (a) I attended the Montana high school for my entire senior year, or (b) my parent is employed and resides in Yellowstone National Park.
f. □ yes □ no  I am an individual, living in Montana, who is a “covered individual” under Section 702 of the Veterans Access, Choice and Accountability Act of 2014 (38 U.S.C. § 3679(c)).

4. Please supply the required information.
   a. High School Attended ______________________________________________  Graduation Date _____________
      (Name, Location)
   b. Military Service (if any) __________________________________________
      (Branch, Separation Date)
   c. If you answered yes to statement 3c or 3d, please give the following information and submit the Employer’s Affidavit:
      Full-time, permanent employer ______________________________________
      (Name, Location)
      Date of employment began ________________  Date of offer of employment ________________
   d. State of residency for father ________________________________________
      State of residency for mother ________________________________________
      State of residency for legal guardian, other than father or mother if applicable ____________________________
   e. Has your parent or legal guardian claimed you as a federal income tax exemption? □ yes □ no
      If yes, which most recent year? ________________________________________
      (Required)
   f. Will your parent or legal guardian claim you as a federal income tax exemption for the current tax year?
      □ yes □ no
   g. Do you receive 50% or more of your current financial support from your parent or legal guardian?
      □ yes □ no
   h. Have you filed a federal income tax return? □ yes □ no
      If yes, which most recent year? ________________________________________
   i. Will you file a federal income tax return for the current tax year? □ yes □ no
      If no, please explain ________________________________________________
   j. Have you filed a state income tax return? □ yes □ no
      If yes, which most recent year? ________________________________________
      In what state? _______________________________________________________
      As a part-year resident or full-year resident? ______________________________
      If no, please explain reason you were exempt from filing: ____________________________
   k. Will you file a state income tax return for the current tax year? □ yes □ no
      If yes, in what state? ___________________________________________________
      As a part-year resident or full-year resident? ______________________________
      If no, please explain reason you were exempt from filing: ____________________________
   l. Do you own a home in Montana? □ yes □ no
      If yes, what is the location and physical address of the home? ____________________________
   m. Do you own a home in any other state? □ yes □ no
      If yes, what is the location and physical address of the home? ____________________________
   n. Have you been admitted to a licensed practicing profession in Montana? □ yes □ no
      If yes, what is the name of the profession and the date of admittance? ____________________________
o. Do you possess a driver’s license or state ID? ☐ yes ☐ no.
   If yes, from what state and when was the license or state ID originally issued?
   State ___________________________ Original Issue Date ____________ Current Issue Date ________________

p. Do you own or operate a motor vehicle in Montana? ☐ yes ☐ no
   If yes, is this vehicle licensed and registered in Montana?
   Original date of registration in MT: __________________________
   Current date of registration in MT: ________________________
   If you operate a vehicle in Montana which is not registered in the state of Montana, please explain: __________
                                                                                     ______________________________________________________________________________________

q. Are you a registered voter? ☐ yes ☐ no
   If yes, in what state? ____________________________________________________________________________
   What was the date of registration? _______________________________________________________________

r. Are you a citizen of a country other than the United States? ☐ yes ☐ no

s. Are you or will you be present in the United States under a student visa issued under the federal immigration laws? 
   ☐ yes ☐ no
   If yes, please list type of visa and authorization date: ________________________________________________
   (Attach a copy for documentation.)

t. Do you maintain checking or savings accounts? ☐ yes ☐ no
   If yes, in what state or states are these accounts maintained? __________________________________________

u. Do you own real property in Montana? ☐ yes ☐ no
   If yes, what is the location(s)? __________________________________________________________________

v. Do you possess resident hunting or fishing licenses? ☐ yes ☐ no
   If yes, from what state? _________________________________________________________________________
   What is the date of issue? _______________________________________________________________________

5. Please supply the required information.

a. What is the beginning date of the applicable durational period upon which you base your claim of residency (initial 24-month period for professional program applicants; initial 12-month period for all others)?
                                                                                     ______________________________________________________________________________________

b. What action began this initial period? ______________________________________________________________________________________

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5. Please supply the required information.

b. What action began this initial period? ______________________________________________________________________________________

5. Please supply the required information.
6. Please complete the table below. **Starting with the date identified in 5a above** (the beginning date of your initial 12-month, or initial 24-month residency period as applicable) and continuing through the current time, identify your physical presence in blocks of time. Be sure to include all periods that you were absent from Montana in excess of 21 days as a separate item. Attach an additional sheet if necessary.

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<th>Dates</th>
<th>Place of Abode</th>
<th>Employment</th>
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</table>

7. Please list all institutions attended and credits taken during the last 24 months if seeking residency for purposes of application to a professional student exchange program, and during the last 12 months for all other purposes.

<table>
<thead>
<tr>
<th>Dates</th>
<th>Institution Attended</th>
<th>Credits Taken</th>
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</thead>
<tbody>
<tr>
<td>From</td>
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</table>
8. Please indicate in the table below the sources and approximate amount of financial support received during the most recent 12 months or 24 months (as applicable) preceding the date of this form:

<table>
<thead>
<tr>
<th>SOURCE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>From Father:</td>
<td>$</td>
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<tr>
<td>From Mother:</td>
<td>$</td>
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<tr>
<td>From Legal Guardian:</td>
<td>$</td>
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<tr>
<td>From Spouse:</td>
<td>$</td>
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<tr>
<td>From Scholarships/Grants (List):</td>
<td>$</td>
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<tr>
<td>From Loans Made to You For Financial Support (List):</td>
<td>$</td>
</tr>
<tr>
<td>From State Agencies (List):</td>
<td>$</td>
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<tr>
<td>(Examples: Unemployment; Vocational Rehab, etc.)</td>
<td>$</td>
</tr>
<tr>
<td>Self Earnings:</td>
<td>$</td>
</tr>
<tr>
<td>Self Savings:</td>
<td>$</td>
</tr>
<tr>
<td>Other (List):</td>
<td>$</td>
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</tbody>
</table>

9. Please describe all other factors that you believe may be relevant in determining your residency status. (If more space is needed, use additional sheet of paper.)

________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

I have received and reviewed the Student Guide to Montana’s Residency policy and understand the requirements for eligibility for in-state status.

I hereby give permission to University System personnel reviewing this questionnaire to contact private and public individuals, companies, and agencies, including local and state taxing, election, and motor vehicle authorities, to verify the accuracy of my responses.

I hereby certify that to the best of my knowledge the foregoing responses are true and complete without evasion or misrepresentation.

I understand that if any of my responses are determined to be incorrect or false, I may be subject to retroactive reclassification to the date this questionnaire is signed.

Date ________________________ Signature _______________________________________________________________
**TAX EXEMPTION AFFIDAVIT**

I (We) hereby certify that ________________________________ □ was or □ was not taken as a tax exemption on my (our) most recently filed federal and state tax return for the tax year ______________ filed on ______________, and he/she □ will or □ will not be taken as a tax exemption on my (our) federal and state tax return for the coming tax year ______________ to be filed ______________.

__________________________________________________
Name (Signature)

__________________________________________________
Name (Signature)

__________________________________________________
Date

Notary Public: _____________________________________
(Printed Name)

Signature: _________________________________________

Notary Public for the State of:__________________________
Residing at: ________________________________________
My commission expires: ______________________________

**EMPLOYMENT AFFIDAVIT (4C OR 4D)**

I hereby certify that ________________________________ is employed by ________________________________, located at ________________________________ in a full-time permanent (year-round) job. This employment was applied for on ______________, was offered on ______________, and actually began on ______________.

__________________________________________________
Name (Signature)

__________________________________________________
Title

__________________________________________________
Date

__________________________________________________
Phone Number

Notary Public: _____________________________________
(Printed Name)

Signature: _________________________________________

Notary Public for the State of:__________________________
Residing at: ________________________________________
My commission expires: ______________________________