



Montana University System
Office of the Commissioner of Higher Education

560 N. Park Avenue – PO Box 203201 – Helena, Montana 59620-3201
(406) 449-9124 - FAX (406) 449-9171

APPLICATION FOR STATE AUTHORIZATION - PRIVATE/NON-PROFIT 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: _____

[Type here]

FINANCIAL INTEGRITY

Institution demonstrates financial integrity in the following manner (check one):

- Institution has been accredited for at least 20 years by an accrediting agency recognized by the Department of Education, operated continuously in Montana for at least twenty years, and has never filed for bankruptcy protection. As such, a letter from the Chief Executive Officer has been attached to this application attesting that all three requirements have been met.
- Institution maintains a Financial Responsibility Composite Score of at least 1.0.
- Institution has attached a good and sufficient surety bond meeting the requirements set forth in the MUS Board of Regents policy 221 e.2.c. to this application.

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.

On behalf of the institution, I acknowledge that the appropriate officials understand and acknowledge that pursuant to Montana Code Annotated, Title 35 (Corporations, Partnerships, and Associations), out-of-state businesses may not transact business in Montana without meeting the registration requirements of the Montana Secretary of State's Office and that it is my institution's responsibility to ensure this requirement is met before enrolling Montana residents.

Name

Date