

# Montana WICHE, WWAMI, Minnesota Dental, and WIMU Regional Veterinary Professional Student Exchange Programs

## Application for Certification Information

AY 2019/2020 Application Cycle Deadline – September 3, 2018 (Veterinary Medicine)  
And October 15, 2018 (All Other Fields)

### **INCOMPLETE APPLICATIONS ARE NOT ACCEPTED**

(Late applications will be considered for "[Alternate Certification](#)" status only; resulting in secondary funding consideration following all certified applicants.)

The State of Montana participates in four professional student exchange programs aimed at providing Montana residents affordable access to selected out-of-state professional programs in specific healthcare fields which are not available in the state: [WICHE Professional Student Exchange \(PSEP\)](#), [WWAMI Medical Education Program](#), [Minnesota Dental Program](#), and the [WIMU Regional Program in Veterinary Medicine](#). **Continued state participation in these programs is subject to ongoing approval and appropriation by the Montana Legislature, who may at any time, modify the programs and support levels.**

WICHE healthcare fields currently supported include: medicine, osteopathic medicine, veterinary medicine, dentistry, optometry, occupational therapy, and podiatry. The WWAMI program is specific to the field of medicine, the Minnesota Dental program is a dental education program only, and the WIMU program is specific to veterinary medicine. The number of Montana students funded through these programs is determined by Legislative appropriation. Exchange students may receive some preference in admission and if awarded state funding, will pay reduced levels of tuition; generally resident tuition at public institutions or reduced standard tuition at private schools. State supported students enrolled in a public professional program through WICHE PSEP or the Minnesota Dental program may pay more than resident tuition in cases where the state support fee does not sufficiently cover the school's resident/nonresident tuition differential during any academic year. **Support awards are very competitive and state funding levels are not generally sufficient to support all qualified applicants. Students who do not receive the state support will not qualify for the reduced tuition rates if admitted.**

The certification requirements are the same for all four programs; all applicants are required to meet the Montana University System residency requirements to receive certification and only certified applicants are eligible to apply to the participating programs as potential Montana program participants. To obtain certification, students should apply to the Office of the Commissioner of Higher Education between July 1 and October 15<sup>th</sup> of the year prior to their anticipated entrance into professional school (**between July 1 and September 3<sup>rd</sup> for veterinary medicine**). For example, students hoping to begin their professional program Fall 2019, should apply for certification during the July 1, 2018 application cycle. **The certification deadline for veterinary medicine applicants is September 3<sup>rd</sup> and for all other fields of study, the deadline is October 15<sup>th</sup>.**

**It is in your best interest to apply for certification early rather than waiting until the certification deadlines.** Due to individual program application/admission deadlines, it may not be possible to make final residency determinations involving complex situations, or in cases where students wish to appeal their non-residency determination, in time for the applicable deadlines should a student choose to wait until late into the application cycle or until the specified deadline to submit his/her initial application. **It is especially important for students in the following classes to apply early:**

- Veterinary medicine applicants (Application deadline is September 3, 2018)
- Students applying to schools with a rolling admission process
- Students whose Montana residency status may be uncertain

Applications received after the application deadline will be eligible to receive alternate certification status only, meaning they will receive secondary funding consideration following all certified applicants.

Certification does not guarantee admission to any professional school, and does not mean a student will receive support from the State of Montana for their attendance if admitted to a participating school; however, in order to receive program consideration, certification is required. **Support awards are very competitive and state funds are not available to support all applicants.** For the WICHE and Minnesota Dental programs, students who receive acceptance from participating schools by April 1<sup>st</sup> (March 1<sup>st</sup> for dental students) will be included in rankings which determine the state funding awards. For these rankings, cooperating schools confidentially rank all accepted students from Montana; that information is then compiled in the form of a weighted ranking. The highest ranked applicants are the first to be offered the state support. All remaining students or students who receive acceptance after the rankings are compiled, will be placed on an alternate funding list. The admission and selection process for the field of veterinary medicine differs from the other WICHE fields. For complete details, please read/reference the WICHE veterinary medicine cooperative admission procedure information contained in veterinary medicine application materials. **Students who do not receive state support will not qualify for the reduced program tuition rates if admitted.**

Certification as a Montana resident for purposes of application to professional school is only the first step in the process. In addition to the certification process, students should apply to the professional schools directly, paying close attention to each school's application process and deadlines. **It is advisable to apply to professional school early, especially to those schools with a rolling admissions process.**

Students who are already enrolled at WICHE participating school as non-supported, non-funded students in the WICHE eligible fields of study may continue to recertify annually for alternate certification status as long as they continue to meet the Montana residency requirements; funding priority is given to beginning students first and alternate students second. Deferred admissions from a prior academic period do not receive funding preference and are treated the same as new offers of admission and are subject to the certification and ranking process for the current application cycle.

**Certification is an annual process and is valid for a period of one year only.** If you are not accepted by a participating program or if you plan to defer your admission, you must reapply for certification the next application cycle in order to receive certification and program consideration for the following academic year.

**For additional information regarding the WIMU Regional Program in Veterinary Medicine, please visit their website at <http://wimu.montana.edu> or email them at [wimu@montana.edu](mailto:wimu@montana.edu) .**

If you have questions about any of the application materials or the certification process, please contact Laurie Tobol at (406) 449-9153 or [ltobol@montana.edu](mailto:ltobol@montana.edu) . Completed applications must be submitted no later than September 3, 2018 for veterinary medicine applicants and October 15, 2018 for applicants in all other fields of study; the mailing address is listed below. To send your application materials via email, please send to [ltobol@montana.edu](mailto:ltobol@montana.edu) using our secure email portal at: <https://securemail.mus.edu> .

**Mailing Address:**

Laurie Tobol, Student Assistance Manager/State Certifying Officer  
Office of Commissioner of Higher Education  
PO Box 203201  
Helena, MT 59620-3201

# APPLICANT CHECKLIST AND INSTRUCTIONS

## Application Materials to be completed by all applicants:

- Application for Certification
- Consent and Waiver Form (must reflect permanent Montana Address; **Return Two (2) Signed Original Copies**)
- Statement of Understanding – WICHE PSEP Students Enrolling at Public Institutions
- Residency Questionnaire
- Supporting Documents for Residency Questionnaire\*  
(Submit photocopies of each of the following):
  - Montana Driver's License – Current license and previous license if obtained in past 24 months; submit driver's license verification for the most recent 24 months at a minimum.
  - Vehicle Registration – submit copies of the vehicle registrations for the vehicle you drive (even if it is owned by your parents); you must submit verification for the most recent 24 months at a minimum. If you no longer have copies of your registrations, you can obtain a vehicle registration history from the Montana Department of Justice website at: <https://dojmt.gov/driving/> by requesting a vehicle search using the vehicle(s) VIN number.
  - Montana Voter Registration – if you are a registered voter, verify the date you registered to vote; this can be obtained from the Clerk and Recorder's office in the county where you are registered to vote.
- Official College Transcript(s) – "official transcripts" only and only transcripts relevant to your professional program application are necessary. If you have credits from schools that have been transferred over to your primary transcript, you need only submit your primary or most relevant transcript.

(\*Additional documents may be requested if necessary upon initial review of application.)

## Additional Materials for WICHE Veterinary Students:

- WICHE Veterinary Medicine Statement of Intent Form

(\*The admission and selection process for WICHE veterinary medicine differs from the other WICHE fields. Please read the WICHE Veterinary Medicine Admission/Selection Procedures contained in the veterinary medicine application materials for specifics. If you have questions, let us know.)

## Additional Materials for Medical Students:

- WICHE and WWAMI MRPIP Surcharge Notification
- Contract Requirements for WWAMI Medical Education Program – Statement of Understanding**

## Application Instructions:

- **DO NOT PRINT YOUR APPLICATION MATERIALS 2-SIDED; SUBMIT SINGLE SIDED MATERIALS ONLY.**
- Print legibly in ink or type your application, residency questionnaire and consent and waiver forms.
- Complete all application materials clearly and completely. **Incomplete applications will not be accepted.**
- Include your last, first, and middle name; **full middle name is required**. If your legal name does not include a middle name, please indicate "No Middle Name", **DO NOT LEAVE BLANK**.
- Current mailing address and telephone number must reflect where **you** can be reached throughout the entire application year. If you move or your contact information changes, notify our office **immediately** via email at [ltobol@montana.edu](mailto:ltobol@montana.edu)
- List all **participating** schools to which you plan to apply; make sure to include schools relevant to each field of study you are applying in. Use an additional sheet if necessary and list the schools according to your initial preference order; do not be concerned if your preference order changes as this is for internal purposes only and is not shared with the schools or any outside entity.
- To be included in the WICHE ranking process (all fields except veterinary medicine) and receive full funding consideration, **you must notify our office regarding any offers of admission received from participating schools by April 1<sup>st</sup> (March 1<sup>st</sup> for dental applicants) and submit copies of each offer received for your file**. Notification of offers after these dates or once the rankings have been initiated will qualify **ONLY** for ALTERNATE funding consideration.
- Upon receiving any offers of admission from a participating school or program (WICHE, WWAMI, MN Dental, or WIMU) **ALL APPLICANTS MUST NOTIFY OUR OFFICE IMMEDIATELY AND MUST FORWARD COPIES OF EACH OFFER LETTER TO BE KEPT ON FILE.**
- **Once your final enrollment decisions have been made, please provide our office with written notification immediately.**

Completed applications must be submitted to OCHE no later than **September 3, 2018 for veterinary medicine applicants and October 15, 2018 for applicants in all other fields of study**; the mailing address is listed below. To send your application materials via email, please send them to [ltobol@montana.edu](mailto:ltobol@montana.edu) using our secure email @ <https://securemail.mus.edu>

## Application Checklist and Instructions Continued....

### Mailing Address:

Laurie Tobol, Student Assistance Manager/State Certifying Officer  
Office of Commissioner of Higher Education  
PO Box 203201  
Helena, MT 59620-3201

APPLICATIONS THAT REMAIN INCOMPLETE BEYOND THE SEPTEMBER 3<sup>RD</sup> AND OCTOBER 15<sup>TH</sup> DEADLINES AND ALL LATE APPLICATIONS WILL BE CONSIDERED FOR *ALTERNATE CERTIFICATION* STATUS ONLY AND WILL RECEIVE SECONDARY FUNDING CONSIDERATION FOLLOWING ALL "CERTIFIED" APPLICANTS

# State of Montana Professional Student Exchange Program Application for Certification

**Name:** \_\_\_\_\_ **Social Security No:** \_\_\_\_\_  
Last First Full Middle Maiden if Applicable

**Present Address:** \_\_\_\_\_ **Home Phone Number:** \_\_\_\_\_  
Street City State Zip Code

**Permanent Address:** \_\_\_\_\_ **Cell Phone Number:** \_\_\_\_\_  
Street City State Zip Code

**Email Address:** \_\_\_\_\_

**Parental Information:**

**Father:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_  
(Full Name) Street City State Zip Code

**Mother:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_  
(Full Name) Street City State Zip Code

Name of Parent or Guardian claiming you as a dependent for income tax purposes: \_\_\_\_\_

**List of colleges and universities you have attended:** (If you attended an out-of-state public college or university, you must submit verification from the school's registrar's office stating whether you were classified as a resident or non-resident student for tuition purposes while enrolled.)

Name of College/University	Dates Attended	Diploma/Degree
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Current Enrollment**

Name of College/University \_\_\_\_\_ Year:  Freshman  Sophomore  Junior  Senior  
 Date you expect to complete all requirements for professional school admission: \_\_\_\_\_  
(Month/Day/Year)

Are you currently enrolled in a professional program? Yes  No

If Yes, name of professional school: \_\_\_\_\_ Field of Study: \_\_\_\_\_

**Program(s) to which you are applying:**  
 (check all that apply)

- WICHE
- WWAMI
- Minnesota Dental
- WIMU Regional Veterinary Medicine Program

**Field(s) of Study You Are Requesting Certification For:**  
 (check all that apply)

- Dentistry
- Medicine
- Occupational Therapy
- Optometry
- Osteopathic Medicine
- Podiatry
- Veterinary Medicine

List of Schools to which you are applying in order of preference (Attach additional sheet if necessary):

- 1) \_\_\_\_\_ 4) \_\_\_\_\_
- 2) \_\_\_\_\_ 5) \_\_\_\_\_
- 3) \_\_\_\_\_ 6) \_\_\_\_\_

Where do you plan to practice upon completion of your professional program? \_\_\_\_\_

**I hereby certify that, to the best of my knowledge, the above information is true and complete without evasion or misrepresentation. I understand that if it is later found otherwise, it is sufficient cause to disqualify me from participation in these professional programs.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**Please complete the following; your information will be kept confidential and will be used for statistical and other lawful uses only.**

**Ethnicity:**  American Indian or Alaska Native  Latino (Hispanic)  
 Asian  Native Hawaiian or other Pacific Islander **Gender:** Male  Female   
 Black or African American  White

**CONSENT**  
**To Transfer Student Records through the Professional Student Exchange Programs**  
**(WICHE/WWAMI/Minnesota Dental/ WIMU)**

*PURPOSE FOR REQUESTING STUDENT SIGNATURE ON CONSENT AND WAIVER FORM:* Public Law 93-380, the Federal Family Educational Rights and Privacy Act of 1974, requires all who hold custody of student records to insure protection of personally identifiable information. Administration of the WICHE, WWAMI, Minnesota Dental, and WIMU student exchange programs requires the exchange of educational information about student applicants in order to provide for consideration of enrollment and transfer of funds by the state in the case of admission by the school. In order to facilitate exchange of necessary documents, the student applicant is asked to sign a "Consent and Waiver" statement.

Student willingness to sign a consent statement is not a requirement for participation in the program.

*DESCRIPTION OF USE OF PERSONAL RECORDS:* The program collects and uses information concerning student eligibility for the program; admission; enrollment; academic progress; graduation and/or termination from the professional program; and payment of fees by the state to the receiving schools.

This information is exchanged between and among the certifying office of the student's home state; staff of the WICHE, WWAMI, Minnesota Dental, and WIMU Student Exchange Programs; and the professional school(s) to which the student makes application and is admitted. WICHE Commissioners from the sponsoring state may also review applications to consider eligibility of student(s).

Periodic accounting for the Student Exchange Programs in the state and in the region may result in publication of reports which may contain the student's name, home address, year of enrollment, enrolling institution, and money spent by the state to support the student's effort to reach an educational objective.

*NOTIFICATION CONCERNING STUDENT ACCESS TO PERSONAL RECORDS:* Any student participant or applicant for participation in the Student Exchange Program has access to his/her personal records maintained as a part of the exchange activity. He/she may inspect and/or receive copies at a cost not to exceed the actual cost of reproduction.

**CONSENT AND WAIVER**

- I understand that it is necessary to process student records in order to carry out the purpose of the Student Exchange Programs, providing access to educational opportunities for residents of the western states.
- I understand that the record-keeping process requires preparation, transmission, receipt, filing, and reporting of information appropriate to the effectiveness and continuity of the program.
- I hereby consent to the transfer of personally identifiable educational records between and among the participants in the Student Exchange Programs to include the following:
  - Information concerning student eligibility, acceptance, and educational attainment
  - Information concerning fees paid by the sending state through WICHE, WWAMI, Minnesota Dental, or WIMU to the receiving school
  - Lists of applicants certified as eligible for support
  - Admissions reports, withdrawal reports, and annual reports for Student Exchange students
  - Support Agreement forms and invoices
  - Special letters of inquiry and response as required to address questions and concerns identified by program participants
- I understand that the information referred to herein will be available only to Student Exchange Program staff members, designated institutional officials, and sending state officials as required to carry out their official duties.
- I further consent to the transfer of all or a portion of the above educational records to admissions officers and certifying officers as required, to accommodate the needs of the Student Exchange Programs provided that the officers receiving the information will not permit any other party to have access to such information without the express written consent of the undersigned.
- I hereby waive my right to receive specific notification of the transfer of such records. I understand that personally identifiable educational records will be used only to the extent necessary to carry out the purposes of the Student Exchange Programs including reasonable research studies necessary to evaluate and improve the program. Any general research report of information that might prove harmful or embarrassing will be included only when anonymity is preserved. Use of the information will be permitted only when, in the judgment of the Student Exchange Program directors or other designated staff member, the request for information is wholly consistent with my best interests and the purposes of the Student Exchange Programs.
- I understand that a log will be maintained to identify access to my records, which is permitted pursuant to law, and this information will be available to me upon appropriate request. A locked file will be maintained for the regular storage and protection of personal educational records.

Name: \_\_\_\_\_

Please Print or Type

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Permanent Address:**

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Email

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**CONSENT AND WAIVER**

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  - I hereby consent to the transfer of personally identifiable educational records between and among the participants in the Student Exchange Programs to include the following:
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    - Information concerning fees paid by the sending state through WICHE, WWAMI, Minnesota Dental, or WIMU to the receiving school
    - Lists of applicants certified as eligible for support
    - Admissions reports, withdrawal reports, and annual reports for Student Exchange students
    - Support Agreement forms and invoices
    - Special letters of inquiry and response as required to address questions and concerns identified by program participants
  - I understand that the information referred to herein will be available only to Student Exchange Program staff members, designated institutional officials, and sending state officials as required to carry out their official duties.
  - I further consent to the transfer of all or a portion of the above educational records to admissions officers and certifying officers as required, to accommodate the needs of the Student Exchange Programs provided that the officers receiving the information will not permit any other party to have access to such information without the express written consent of the undersigned.
- I hereby waive my right to receive specific notification of the transfer of such records. I understand that personally identifiable educational records will be used only to the extent necessary to carry out the purposes of the Student Exchange Programs including reasonable research studies necessary to evaluate and improve the program. Any general research report of information that might prove harmful or embarrassing will be included only when anonymity is preserved. Use of the information will be permitted only when, in the judgment of the Student Exchange Program directors or other designated staff member, the request for information is wholly consistent with my best interests and the purposes of the Student Exchange Programs.
  - I understand that a log will be maintained to identify access to my records, which is permitted pursuant to law, and this information will be available to me upon appropriate request. A locked file will be maintained for the regular storage and protection of personal educational records.

Name: \_\_\_\_\_  
Please Print or Type

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Permanent Address:**  
\_\_\_\_\_

Street

City, State, Zip

\_\_\_\_\_ Email

# PROFESSIONAL STUDENT EXCHANGE PROGRAMS – RESIDENCY QUESTIONNAIRE

## (WICHE/WWAMI/MN Dental/WIMU)

If you are requesting Montana residency for purposes of applying to the professional student exchange programs, it is necessary for you to complete this form so that your residency status and program eligibility can be determined. Failure to complete the form or failure to supply requested supporting documentation may result in your classification as out-of-state or non-resident. Incorrect or false responses may result in retroactive reclassification and/or criminal penalties under Montana law.

1. Please provide the following information:

Name (First, Middle, and Last) \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_ Phone \_\_\_\_\_  
(Street, City, State, Zip)

Permanent Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_  
(Street, City, State, Zip)

E-mail Address: \_\_\_\_\_

2. Programs to which you are applying (WICHE, WWAMI, MN Dental, WIMU):

\_\_\_\_\_

Academic Year for which you are applying (entering year): \_\_\_\_\_

3. Please supply the required information.

a. High School Attended \_\_\_\_\_ Graduation Date \_\_\_\_\_  
(Name, City, State)

b. Military Service (if any) \_\_\_\_\_  
(Branch, Separation Date)

c. Current state of residency for father \_\_\_\_\_  
Current state of residency for mother \_\_\_\_\_  
Current state of residency for legal guardian, other than father or mother if applicable \_\_\_\_\_

d. Has your parent or legal guardian claimed you as a federal income tax dependent?  yes  no  
If yes, for which most recent tax year? \_\_\_\_\_

(This is required; do not leave blank.)

e. Will your parent or legal guardian claim you as a federal income tax dependent for the current tax year?  
 yes  no

f. Do you receive 50% or more of your current financial support from your parent or legal guardian?  
 yes  no

g. Have you filed a federal income tax return?  yes  no  
If yes, for what most recent tax year? \_\_\_\_\_

h. Will you file a federal income tax return for the current tax year?  yes  no  
If no, please explain \_\_\_\_\_



- i. Have you filed a state income tax return?  yes  no  
 If yes, for which most recent tax year? \_\_\_\_\_ In what state did you file? \_\_\_\_\_  
 Did you file as a part-year resident or full-year resident? \_\_\_\_\_  
 If no, please explain reason you were exempt from filing: \_\_\_\_\_
- j. Will you file a state income tax return for the current tax year?  yes  no  
 If yes, in what state will you file? \_\_\_\_\_ Will you file as a part-year resident or full-year resident? \_\_\_\_\_  
 If no, please explain reason you are exempt from filing state taxes: \_\_\_\_\_
- k. Do you own a home in Montana?  yes  no  
 If yes, what is the location and physical address of the home? \_\_\_\_\_  
 Do you own other real property in Montana?  yes  no  
 If yes, what is the location and physical address of the property? \_\_\_\_\_
- l. Do you own a home in any other state?  yes  no  
 If yes, what is the location and physical address? \_\_\_\_\_
- m. Have you been admitted to a licensed practicing profession in Montana?  yes  no  
 If yes, list the name of the profession and the date of admittance? \_\_\_\_\_
- n. Do you possess a driver's license or state ID?  yes  no  
 If yes, provide the following: State: \_\_\_\_\_ Original Issue Date: \_\_\_\_\_  
 Current Issue Date: \_\_\_\_\_  
 If no, please explain why you do not have a driver's license or state ID: \_\_\_\_\_  
 \_\_\_\_\_  
 (Submit copies or verification of your driver's license/ID covering the most recent 24 months at a minimum.)
- o. Do you own or operate a motor vehicle?  yes  no  
 If yes, is this vehicle licensed and registered in Montana? \_\_\_\_\_  
 First date of registration in MT: \_\_\_\_\_ Current date of registration in MT: \_\_\_\_\_  
 (Submit copies of the registrations for the vehicle you own or have been operating in the state for the most recent 24 months at a minimum.)  
 If you operate a vehicle in MT that is not registered in the state of MT, please explain where it is registered, who owns the vehicle, and why it is not registered in MT. \_\_\_\_\_
- p. Are you a registered voter?  yes  no  
 If yes, in what state? \_\_\_\_\_  
 Date of registration? \_\_\_\_\_  
 (Attach dated verification of your voter registration. This can be obtained from Clerk and Recorder's Office in county where you are registered.)
- q. Are you a citizen of a country other than the United States?  yes  no  
 If yes, identify your country of citizenship. \_\_\_\_\_
- r. Are you or will you be present in the United States under a visa issued under the federal immigration laws?  
 yes  no  
 If yes, please list type of visa and authorization date: \_\_\_\_\_  
 (Attach a copy for documentation.)

- s. Do you maintain checking or savings accounts?  yes  no  
If yes, in what state or states are these accounts maintained? \_\_\_\_\_
  
- t. Do you possess resident hunting or fishing licenses in any state?  yes  no  
If yes, from what state? \_\_\_\_\_  
What is the date of issue? \_\_\_\_\_

4. Please supply the required information.

- a. What is the beginning date of the earliest 24-month period upon which you base your claim of residency?  
(This should be the original date you began establishing residency in MT; for example, if you were born and raised in MT and have retained your residency status continuously, the beginning date will be your date of birth.)  
\_\_\_\_\_
  
- b. Identify what action occurred to begin this period? \_\_\_\_\_
  
- c. Were you absent from the State of Montana for more than a total of 30 days during the first 24-months?  
 yes  no  
If yes, please explain the details of the absence(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please complete the table below in blocks of time identifying your physical location throughout your residency in the state. **Start with the date you identified in 4a above (the earliest date you began establishing residency in Montana) and continue through the current time.** Be sure to include all periods you were absent from Montana in excess of 21 days as a separate item. Attach an additional sheet if necessary. This should be a chronological list of your physical presence from the beginning of your MT residency up through the current time; **do not limit your list to only the most recent 24 months if your residency period is longer than 24 months.**

Dates		Place of Abode	Employment		School Attended
From	To		Firm	Location	

6. Please list all educational credits taken during the most recent 24 months (include on-line credits also).

Dates		Institution Attended	Credits Taken
From	To		

7. Please indicate in the table below the sources and amount of financial support you received over the most recent 24 months preceding the date of this form (amounts can be approximate):

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

8. Please provide a summary of when your residency in Montana began and what brought you to the state originally; include all facts you believe are relevant in determining your residency status. (Please attach an additional sheet if necessary.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have received and reviewed the Montana Board of Regents residency policy and I understand the residency eligibility requirements for purposes of applying to the professional student exchange programs.

I hereby give permission to the personnel representing the Office of the Commissioner of Higher Education/Montana University System reviewing this questionnaire to contact private and public individuals, companies, and agencies, including local and state taxing, election, and motor vehicle authorities, in order 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 will be subject to retroactive reclassification back to the date this questionnaire is signed.

Date \_\_\_\_\_ Signature \_\_\_\_\_

WICHE



Western Interstate Commission  
for Higher Education

**Statement of Understanding  
for WICHE PSEP Applicants Enrolling in a Public Institution  
Fall 2019 Forward**

I, \_\_\_\_\_, understand that effective fall 2019 and forward, if I  
(Please Print Clearly)

am enrolled in a public professional healthcare program through WICHE's Professional Student Exchange Program (PSEP), I may need to pay more than resident tuition if the WICHE support fee does not cover my program's resident/nonresident tuition differential during any academic year or I may pay less than resident tuition in cases where the WICHE support fee exceeds the resident/nonresident tuition differential.

Furthermore, I understand that if the WICHE support fee exceeds the resident/nonresident tuition differential of my public program, my enrolling institution/school is allowed to keep up to 20% of the state support fee as an incentive for preferentially admitting WICHE students who are nonresidents and who have not paid state taxes used to fund public education. Any state support left over after covering the tuition differential and once the enrolling institution/school deducts their 20% incentive amount, the enrolling institution/school will credit the remaining state support amount against my tuition bill; charging me resident tuition less the remaining state support credit.

I understand that I will need to consult with my enrolling institution's financial aid office directly, on an annual basis, to know what tuition rate I will pay; reduced resident tuition, resident tuition, or in some cases more than resident tuition depending upon what the resident/nonresident tuition differential is and what the WICHE state support fees are for each academic year.

Name (please print) \_\_\_\_\_

Home state: \_\_\_\_\_

Field(s) of study:

Allopathic Medicine

Dentistry

Occupational Therapy

Veterinary Medicine

Certification year (and anticipated year of enrollment): \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Students planning to study optometry, osteopathic medicine or podiatry are not required to sign this form. Our cooperating schools in those fields are all private institutions and are not affected by this new policy.**

# WICHE's PSEP Funding and Selection Process

## For All PSEP Fields

- Applicant applies to home state office for certification (residency verification) prior to October 15<sup>th</sup>.
- Applicant applies to all WICHE schools where he/she would like to enroll.
- WICHE sends lists of certified PSEP applicants to all cooperating schools beginning in November.

### For Veterinary Medicine

- Once the admissions committees from the cooperating colleges of veterinary medicine have independently convened and evaluated all WICHE certified applicants, schools rank applicants from each state using their regular admissions criteria. This typically happens in December.
- WICHE's central office then compiles the scores to create a cumulative, weighted ranking for each state, with the #1 student being the "most qualified" of all certified students from that state. This occurs in early January.
- Prior to offers being made, WICHE releases an alphabetical list of certified applicants who will receive a *conditional WICHE offer* if accepted to a WICHE program and if sufficient state budget funds are approved and available. For example, if Montana expects to support five students, five names from Montana (in alphabetical order) are released to the state and to the schools. WICHE also releases a limited number of "alternate" names; these are certified applicants who are not WICHE funded, but they are the next in line to receive conditional support, *if it becomes available*. If at a later time alternates are needed to fill vacant WICHE spots, name(s) are released in rank order, as needed.
- Veterinary schools then begin making conditional WICHE offers to as many applicants as they choose (among those anticipated to receive support). The first round of conditionally funded WICHE applicants must respond to all offers by April 15<sup>th</sup> (the national VMCAS deadline).
- After conditional WICHE offers have been made, schools may make "at large" (non-sponsored) offers to applicants who are NOT anticipated to receive WICHE funding. Non-sponsored students pay nonresident or full private tuition.
- After April 15<sup>th</sup>, state vacancies created by applicants who decline all of their conditional WICHE offers or elect to attend a school out-of-region will be filled. WICHE's central office will release the "next ranked" applicant for that state. Applicants have two weeks to respond to the offer(s).
- If an applicant accepts a non-sponsored offer at a WICHE school and then later is awarded conditional WICHE support to fill a vacancy, the applicant has the prerogative to consider all new conditional WICHE offers from any of the cooperating schools.

NOTE: Though most WICHE-funded applicants receive one or more offers, offers are not guaranteed. A school's entering class may already be filled, or the school may deem that an applicant is not qualified for admission.

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### For All Other Healthcare Fields

- Applicants must notify their state office of all WICHE offers; WICHE schools must also notify WICHE's central office of offers.
- WICHE monitors the number of applicants with offers in each state in conjunction with the state certifying offices.
- When legislative support is secured and there is a sufficient number of applicants with offers, WICHE determines who will receive funding.
- If no rankings are necessary, applicants with admissions offers are supported.
- If state resources do not allow the state to fund all applicants with offers, WICHE conducts rankings. This usually occurs from March through June.
- Top-qualified applicants (as determined by the institutional rankings) are offered WICHE funding first. If an applicant declines WICHE support, then the next best qualified applicant is offered support, until the vacancies are filled.

#### More About WICHE's Veterinary Medicine Cooperative Admissions Procedure

- Schools cannot extend early conditional WICHE offers in November or December to applicants who meet special GPA and GRE criteria.
  - No "targets" or "quotas" of WICHE-funded offers per school exist. Students are free to accept the school of their choice, subject to school interest.
  - Students are not permitted to defer enrollment should they decide to delay admission.

**MONTANA BOARD OF REGENTS OF HIGHER EDUCATION**  
**Policy and Procedures Manual**

SUBJECT: FINANCIAL AFFAIRS

Policy 940.1 – Residency Policy

***Adopted: April 13, 1984; Revised: May 22, 2015; Updated: February 18, 2016***

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**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, or
- (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

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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;



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- (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.

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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.

History:

Item 43-002-R0484, Residency Policy; Montana University System (Revised), April 13, 1984, May 3, 1985, June 16, 1988, October 23, 1993, July 7, 1994, November 17, 1994, March 23, 1995, November 18, 1999 (Item 104-103-R0999), and January 16, 2004 (Item 122-110-R0104). ITEM 138-106-R0308 (Supporting Material) approved March 6, 2008. Item 143-101-R0509 to add new section 1.G., approved May 29, 2009. Item 152-128-R0911, revised September 22, 2011. Item 156-101-C0912, temporary revision to expire after spring semester 2013, approved September 4, 2012. Updated May 14, 2013 to reflect automatic expiration of September 4, 2012 change. Revised May 22, 2015, adding Veteran's Access, Item 167-101-R0515. Updated February 18, 2016; to specify professional student exchange programs such as WICHE, WWAMI, Minnesota Dental and WIMU.