

STUDENT DATA FORM

*Electrical & Computer
Engineering
Montana State University*

Last (family) name

First (given) name

Middle

Nickname (if preferred): _____

Today's Date

Student ID #

Preferred E-Mail address

Preferred phone number

Major and Residency:	Admitted to ECE Department as:
<input type="checkbox"/> EE (Electrical Engineering) <input type="checkbox"/> CpE (Computer Engineering) <input type="checkbox"/> Montana resident <input type="checkbox"/> Non-resident <input type="checkbox"/> International student	<input type="checkbox"/> Freshman -or- <input type="checkbox"/> Transfer Student (from: _____) -or- <input type="checkbox"/> Previous college degree (_____)

Date of Birth (month/day/year)

Year of high school graduation

Are you a U.S. veteran? Yes No

Did you graduate from a Montana high school? Yes No

Are you living on-campus or off-campus? On-campus Off-campus

Are either of your parents Montana State University alumni? Yes No