



The University of Montana – Helena

COLLEGE OF TECHNOLOGY

Western Undergraduate Exchange Waiver

Fall Semester Applicants: COMPLETE & RETURN BEFORE JUNE 1 or ASAP

Spring Semester Applicants: COMPLETE & RETURN BEFORE NOVEMBER 1 or ASAP

Please consider me for the Western Undergraduate Exchange (WUE) waiver. I understand that this award extends to the completion of my program or 2 years, whichever comes first. I understand that I must enroll in 12 or more credits each semester, maintain a 2.5 cumulative grade point average, not change my program of study, and not change my state of legal residency.

NAME: _____
Last First Middle

ADDRESS: _____
Street/Box Number City State Zip

PHONE NUMBER: _____ SOCIAL SECURITY NUMBER: _____

PROGRAM OF STUDY AT UM-HELENA: _____

HAVE YOU SUBMITTED AN APPLICATION FOR ADMISSION TO UM-HELENA? YES NO

WHAT SEMSTER/YEAR WILL YOU ENROLL AT UM-HELENA? _____

STUDENT SIGNATURE: _____ DATE: _____

PLEASE RETURN FORM TO: UM-Helena COT
Admissions
1115 North Roberts Street
Helena, Montana 59601