



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 – PUBLIC 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: _____

[Type here]

Current Sanctions? Yes No

If yes, please explain: _____

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.

Name

Date