

EMPLOYMENT AFFIDAVIT

TO: The Applicant

Fill out the spaces above the dotted line and have the Affidavit below the dotted line filled out by the employer. The affidavit should be returned with the Residency Questionnaire to the Registrar's Office/710 South Atlantic Street/Dillon, MT 59725..

Student ID: _____

TO: The Employer

_____ has requested in-state status at UMW based upon the status of
(Applicant name)

_____ as an employee of your company in a full-time permanent job. Please
(Employee name)

complete and have notarized the Affidavit below and return to Montana Western. If you have questions please call our office at (406) 683-7371. Thank you.

I hereby certify that _____ is employed by _____,
(Employee name) (Firm name)

located at _____ in a full-time, permanent job. This employment was
applied for _____, was offered on _____, and actually began on _____.
(Date) (Date) (Date)

Name _____

Title _____

Date _____

Phone _____

Notary Public of the State of _____

Residing at _____

My commission expires _____