

Student ID #	<input type="checkbox"/> Resident	<input type="checkbox"/> Non-Resident
Tentative Acceptance	Final Acceptance	

Application for Readmission

Mail to:

Office of Admissions
 University of Idaho
 875 Perimeter Dr MS 4264
 Moscow, ID 83844-4264

Telephone: (208) 885-6326 or (888) 884-3246
 Fax: (208) 885-9119
 Website: www.uidaho.edu/admissions
 E-mail: admissions@uidaho.edu

Fee: \$30

Semester: (choose one) Fall Spring Summer Year: _____

Campus: (check one) Boise Coeur d'Alene Idaho Falls Moscow Twin Falls

Type or print in ink. Please answer every question.

Legal name in full. (Indicate if no middle name. Do not use abbreviations.)

Last First Middle

List other names under which credentials may appear: _____

Current mailing address: _____
Street or PO Box

City State Zip (Area Code) Telephone Number

This address is valid until _____ Email Address: _____
Mo/Day/Yr

It is the applicant's responsibility to keep the Admissions Office informed of address changes.

Permanent address (from which mail will be forwarded): _____
Street or PO Box

City State Zip (Area Code) Telephone Number

The following data are used for positive permanent record identification and are not criteria for admission.

Date of Birth _____ Social Security Number (optional) _____
Mo/Day/Yr

Are you a U.S. Citizen? Yes No If No, Country of Citizenship _____

Country of Birth _____ If permanent resident, give number of permanent residency card _____

GENDER: (optional) Male Female Native Language: _____
 (If English is not your native language, proof of English proficiency is required.)

ETHNICITY/RACE: (optional) Are you Hispanic/Latino/Latina or of Spanish origin? Yes No
 American Indian/Alaska Native Native Hawaiian/ Other Pacific Islander
 (check all that apply) Asian White
 Black/African American

When were you last enrolled at UI? _____ UI Student ID # _____

At which level do you wish to enroll: Non-Degree Undergraduate

Please Note: Non-degree students are not eligible to receive federal Title IV financial aid. Non-degree students may register for no more than 7 credits each semester and may complete a maximum of 32 semester credits.

Intended major for UNDERGRADUATE degree-seeking students: _____

Have you ever been found responsible for a disciplinary violation at any educational institution you have attended from the 9th grade forward (or the international equivalent), whether related to academic misconduct or behavioral misconduct that resulted in disciplinary action? These actions could include, but are not limited to: reprimand, warning, probation, suspension, removal, dismissal, or expulsion from the educational institution.

- Yes
- No

(please complete reverse side)

Other than minor traffic offenses (e.g., speeding, parking tickets, etc.), (1) have you ever been adjudicated guilty or convicted, had a withheld judgment, or pleaded no contest to a misdemeanor, felony, or other crime, (2) are such charges pending against you, or (3) have you been required to register as a sex offender by any legal authority in the U.S. or any other country?

(Note: If the criminal adjudication or conviction has been expunged, sealed, annulled, pardoned, erased, or otherwise ordered by the court to be kept confidential, then you are not required to answer "Yes" to this question, or provide an explanation.)

- Yes
 No

If you answered "Yes" to either or both questions, please submit a personal statement of the circumstances, approximate date(s) of incident(s), and your thoughts on lessons learned from the experience. The review committee will consider this statement in conjunction with all other application information provided when making an admission decision.

RESIDENCY Idaho residency for tuition purposes is governed by Section 33-3717B, Idaho Code and IDAPA 08.01.04. Residency for community colleges is determined by county of residence under Idaho Code, 33-2110A.

State of Residence: _____ From: ___ / ___ / ___ to: ___ / ___ / ___ If less than 12 months, previous state: _____

County of Residence: _____ From: ___ / ___ / ___ to: ___ / ___ / ___ If less than 12 months, previous county: _____

Check applicable boxes: Documentation will be requested in order to verify Idaho residency for tuition purposes.

One or more of my parents/legal guardians is domiciled in Idaho and has maintained a bona fide domicile in Idaho for at least 12 months prior to the opening day of the term which I plan to enroll, and I receive at least 50% of my financial support from my parents/legal guardians.

Parent's name and address _____ From ___/___/___ to ___/___/___

I receive less than 50% of my financial support from parents/legal guardians. I have continuously resided in Idaho for purposes other than education for at least 12 months prior to the opening day of the term which I plan to enroll.

I am married to an Idaho resident. My spouse is a resident of _____ County.

I (or my spouse) is a member of the Armed Forces stationed in Idaho on military orders. I (or my spouse) is stationed in _____ County.

I am an officer or an enlisted member of the Idaho National Guard.

One or more of my parents/legal guardians, from whom I receive 50% or more of my support, is a member of the Armed Forces of the United States who entered service as an Idaho resident and who has maintained Idaho resident status, but is not stationed within the state of Idaho on military orders.

One or more of my parents/legal guardians, from whom I receive 50% or more of my support, is a member of the Armed Forces stationed in Idaho. They are stationed in _____ County.

I have been separated under honorable conditions from the Armed Forces after at least two years of service. Check one of the following:

At the time of separation, I designated the State of Idaho as my intended domicile or indicated Idaho as my home of record, and I am entering this institution within one year of the date of separation.

I intend to make Idaho my state of residence and will actively establish domicile within one calendar year.

I am/will be a graduate of an accredited secondary school in Idaho, am domiciled in Idaho, and will matriculate within six (6) years following my secondary school graduation.

I completed six (6) years of elementary and secondary education in Idaho, am domiciled in Idaho, and will matriculate within six (6) years following my secondary school graduation.

I am a member of one of the following Idaho Native American Indian tribes: Coeur d'Alene, Shoshone-Paiute, Nez Perce, Shoshone-Bannock, Kootenai, Eastern Shoshone, Northwestern Shoshone.

Documentation may be required to support the reasons checked for claiming Idaho residency. If there is a question, an applicant will be classified as a non-resident until the details are resolved and the processing of the application will continue. The burden of proving Idaho residency will be on the applicant. Contact the Admissions Office for more details.

SIGNATURE

In submitting this form to the University of Idaho:

I certify that (1) all information, documentation and other supporting materials submitted in the admission process is my own work, is factually true and accurate, and is not misleading; and (2) all documents I have submitted will become property of the University of Idaho (UI) and will not be returned to me.

I authorize UI to communicate with any third party and any third party to communicate with UI to verify the accuracy and authenticity of any information or document that I provide or that is provided on my behalf to UI. I authorize UI and any third party to disclose information about me, my application, or my records as part of any such communication.

I understand that I may be subject to a range of possible actions, including but not limited to admission revocation, expulsion, or revocation of course credit, grades, and degree, should the information I have provided be false, inaccurate, or misleading.

I certify that I will notify the University immediately should there be any changes to the information, documentation or other supporting material that was submitted in the admission process, including any disciplinary history.

Acceptance or receipt of financial aid and scholarship awards certifies that the funds will be used for educational purposes.

Signature of Applicant: _____ Date: _____