

**APPLICATION AND REGISTRATION FOR HIGH SCHOOL DUAL CREDIT**

PLEASE PRINT

Legal Name: \_\_\_\_\_  
Last First Middle

Registered with UI before?  No  Yes Last Enrolled: \_\_\_\_\_ Student ID # \_\_\_\_\_ - \_\_\_\_\_  
Year

Name of High School \_\_\_\_\_ City, State \_\_\_\_\_ GPA \_\_\_\_\_ Dates Attended \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_  
to

Email Address: \_\_\_\_\_

**COMPLETE THIS BOX ONLY IF THIS IS YOUR FIRST UI REGISTRATION**

Social Security Number (optional): \_\_\_\_\_ Birthdate: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone: \_\_\_\_\_

State of Residence: \_\_\_\_\_ If IDAHO, how long? Years \_\_\_\_\_ Months \_\_\_\_\_

Are you a US Citizen?  Yes  No If No, Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Permanent Residency Card #: \_\_\_\_\_ Visa Type \_\_\_\_\_

**OPTIONAL:**

Ethnicity:  Asian  Black/African American  Caucasian  Hispanic/Latino  American Indian/Alaskan  Pacific Islander/Hawaiian  Other \_\_\_\_\_ Gender:  Male  Female

**COURSE REGISTRATION**

SEMESTER:		<input type="checkbox"/> FALL		<input type="checkbox"/> SPRING		<input type="checkbox"/> SUMMER		YEAR:	
CRN	Subject	Course		Credit	Title	Instructor Validation needed if student is under 16 yrs of age			
		Number	Section						

**FEES**

Registration Fees \$ \_\_\_\_\_ Payment attached:  Cash  Check

**NOTE: Credit cards payments are accepted only online through VandalWeb ([www.vandalweb.uidaho.edu](http://www.vandalweb.uidaho.edu)) once registration is complete and will be charged a 2.5% service fee.**

Please read carefully, sign and date below. **Agreement:** By my signature below, I certify that the statements in this application are to the best of my knowledge true and complete. I agree to follow the policies and procedures of the University and to notify the Registrar promptly in writing if I withdraw from the university or drop from any classes or if any other action occurs that may affect the status of my enrollment. I accept responsibility for charges of the entire term regardless of attendance in class. I have read and understand the policies regarding fees and academic regulations as published in the applicable *Catalog*, Class Schedule or official university information on accelerated learning. I certify that all information on this form is accurate. By signing this application, I certify that I am in compliance with the Federal Military Selective Service Act, 50 U.S.C. § 453, or that I am exempt from the same.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

High School Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_