

Mail to:  
 Independent Study in Idaho  
 University of Idaho  
 PO Box 443225  
 Moscow ID 83844-3225

Local: (208) 885-6641  
 Toll-free: (877) 464-3246  
 Fax: (208) 885-5738  
 Register online:  
[www.uidaho.edu/isi](http://www.uidaho.edu/isi)

### STUDENT INFORMATION (Please print.)

Full legal name .....  
Last First MI

Other names appearing on records (maiden name, nickname).....

Street (or PO Box).....

City.....State.....Zip.....Country.....

E-mail.....

Supplying an e-mail address to ISI certifies that ISI staff and instructors are allowed to send grade and enrollment information to this e-mail address.

Check here if you do *not* want grade information sent to this e-mail address.  
 See *E-mail Requirements*.

Gender  Female  Male

Have you previously registered for an ISI course?  Yes  No

\*Social Security #.....

UI Student ID number (if applicable).....

Date of birth (required).....

Home phone.....

Work phone.....

Cell phone.....

Are you a U.S. citizen? (required)  Yes  No

If no, what country?.....

Have you taken courses from any of the following institutions? Check all that apply.

University of Idaho  Boise State University

Idaho State University  Lewis-Clark State College

### ACADEMIC APPROVAL SIGNATURE

If you are a university student, it is recommended that you secure signature approval from your academic dean prior to registration to ensure that ISI college credit for this course is applicable toward your degree. University of Idaho students working toward a degree are required to obtain this signature approval to register for an ISI course.

Dean's signature..... Date.....

### REGISTRATION INFORMATION (Please print. See *Registration Fees*, page 7.)

Course	Number	Course Title	Credits	Fees	
				\$	
				\$	
				\$	
Add \$25 administrative fee per course				\$	
Handling fee (Canada & Mexico add \$25, all other non-U.S. addresses, excluding APO/FPO, add \$50 per course)				\$	
<b>Total due</b>				\$	

\* Disclosure of your Social Security Number (SSN) to verify your identity is requested by Independent Study in Idaho, the University of Idaho, and the credit-granting institution(s) sponsoring your course(s). The SSN is used to establish your registration and transcript record, and to meet federal reporting requirements in order to claim an education tax credit. However, providing a SSN is not mandatory for enrollment.

**This is a two-page form. Please fill out the back of the form before submitting it to the ISI office.**

**PAYMENT INFORMATION**

Payment is required at registration. By submitting this registration form, you certify that all information provided is correct and that you agree to follow the policies and procedures as set forth in the ISI catalog and on the ISI Web site.

- Check     
  Money Order     
  Visa     
  MasterCard     
  Discover Card

\*\*\*payable to UI Bursar\*\*\*

- Cash (walk-in students only)  
 Tuition voucher attached, or expected  
 in the amount of .....

Credit card # .....
Expiration date ..... Card verification code .....
Amount authorized ..... Card billing zip code .....
Name of cardholder if other than student.....

If under 18 years of age, the parent’s or guardian’s signature is required before the student may register.

Parent or guardian signature ..... Date .....

**RELEASE OF INFORMATION FORM (optional)**

Student information is protected by the *Family Educational Rights and Privacy Act (FERPA)*. Instructors and Independent Study in Idaho (ISI) staff may release your education and/or financial records to select individuals or organizations by telephone or e-mail if you file this *Release of Information Form* with the ISI office. Mail or fax this form to Independent Study in Idaho. You may also download this form at [www.uidaho.edu/isi](http://www.uidaho.edu/isi), select *Students, Forms, Release of Information Form*. For more information about *FERPA*, access [www.webs.uidaho.edu/fsh/](http://www.webs.uidaho.edu/fsh/), the *Faculty-Staff Handbook*, Chapter 2: Student Affairs Policies, Student Education Records, Section 2600.

I, .....  
 (Please print.) ..... authorize ISI to release the following information upon request by telephone or e-mail to the following person(s):

- Education records   
  Billing   
 Name .....   
 Relationship to student.....  
 (Please print.)

Telephone release code word.....  
 (Create a code word of 6 to 14 letters to verify your identity when you call ISI.)

Student signature approval ..... Date .....

Parent or guardian signature..... Date .....  
 (Students under 18 years of age, parent or guardian must sign.)

Course(s) included in this authorization:.....

How did you hear about the ISI program?

- Advertising (specify).....  
 Internet (specify).....  
 U.S. Military  
 Other (specify) .....

What is your purpose in enrolling?

- Meet admission requirements  
 Earn credit for a degree  
 Earn credit for library science  
 Earn credit for certification/recertification  
 Earn credit for Idaho Real Estate License  
 Professional development  
 Personal enrichment  
 Other (specify) .....

By submitting this registration form, you certify that all information provided is correct, and you agree to follow the policies and procedures specified in the ISI catalog and Web site. Changes in catalog content may occur after this printing. Refer to the ISI Web site for the most current policies, procedures, and course information.