University of Idaho
Office of the Registrar
PO Box 444260
Moscow, ID 83844-4260
Ph (208) 885-6731
Fax (208) 885-9061

Application for Non-Degree Admission and Registration

All information is **REQUIRED,** unless noted as optional, to complete your application for admission or readmission.
Must be completed by the first class meeting and submitted to Registrar's Office within 48 hours.

Full Legal Name: _____

Other Names records may be found under: _____

Address: _____

(City)_____(State)_____(Zip)_____ **Telephone:** (_____)_____

email: _____ _____

Birth Date: _____ Social Security Number (**optional**): _____

Registered with UI before? ☐ No ☐ Yes If yes, when were you last enrolled:_____ Student ID Number: _____

State of Residence:_____ If **IDAHO**, how long? Years _____ Months _____ Are you a Certified School Professional? ☐ Yes ☐ No

Are you a **US Citizen**? ☐ Yes ☐ No If No, are you a Permanent Resident? ☐ Yes ☐ No Residency Card #: A-_____

Country of Birth:_____ Country of Citizenship:_____ Visa Type: ☐ F1 ☐ J1 ☐ Other: _____

Have you graduated from high school?

☐ Yes Name of High School: _____ Year: _____

High School City & State:_____

☐ No If No, have you completed the GED? ☐ Yes Date: _____ ☐ No

Optional Information

Gender: ☐ Male ☐ Female

Ethnic Origin: ☐ Asian ☐ Black/African Amer ☐ Caucasian ☐ Hispanic ☐ Native Amer ☐ Hawaiian/Pacific Isl ☐ Other: _____

COURSE REGISTRATION:

☐ Boise ☐ Coeur d'Alene ☐ Id Falls ☐ Moscow ☐ FALL ☐ SPRING ☐ SUMMER YEAR:_____

CRN	Subject	Course		Credits	Course Title
		Number	Section		

FEES: **NOTE: Credit card payments are subject to a 2.5% service fee. The UI does NOT accept Visa for payment of registration fees.**

Course Fees: $ _____ ☐ Cash ☐ Check ☐ Credit Card ☐ MasterCard ☐ Discover #: _____ Exp. Date _____

Agreement: By my signature below, I certify that the statements in this application are to the best of my knowledge true and complete, and that I have attended no educational institutions other than those listed herein. I agree to follow the policies and procedures of the University and to notify the Registrar promptly in writing if I withdraw from the semester 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* and Time Schedule (along with dates). 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**_____