

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

Ethnicity: Are you Hispanic/Latino/Latina or of Spanish origin? Yes No

Race: American Ind/Alaska Native Asian Black/African Amer
 Native Hawaiian/Other Pacific Islander White

COURSE REGISTRATION:

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

CRN	Subject	Course		Credits	Course Title
		Number	Section		

FEES: Course Fees: \$ _____ Cash Check Credit Card: Visa MasterCard Discover **NOTE: Credit card payments will be charged a 2.5% service fee (except inservice courses)**

Card #: _____ **Exp. Date** _____ **Verification Code (3 or 4 digits on back)** _____

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** _____