University of Idaho
College of Graduate Studies

Complete this box to pay by credit card.

Cardholder name: ____

Billing address of cardholder: _____________________________________
____

Billing phone number of cardholder: _______________________________

Email address of cardholder: _____________________________________

Credit card number: ____

CCV#: _____________ Expiration date: ___________________________

Type of credit card: ☐ MasterCard ☐ Visa ☐ Discover

Signature*:____
*Signature authorizes the University of Idaho to charge my credit card for the $85 application fee.

V#	
ID #	Application fee
College of Graduate Studies: ☐ Admit ☐ Deny ☐ Other: _____________	☐ Resident ☐ Non-resident
	Tentative Acceptance
	Final Acceptance
	Coded

For office use only

Application for Graduate Admission

Application fee: $85.00
Fee is non-refundable and must be paid before admission application is processed

Attendance Center (check one) :
☐ **Boise** ☐ **Coeur d'Alene**
☐ **Idaho Falls** ☐ **Outreach**
☐ **Moscow**

Term & Year Expected to Enter Graduate School:
☐ **Fall** _______________ YYYY
☐ **Spring** _______________ YYYY
☐ **Summer** _______________ YYYY

PART I: Personal Information

Last Name or Family/Surname **First** **Middle Name**

____

Other/Maiden Name(s)____

Current Mailing Address No. & Street **City** **State** **Zip / Postal Code**

Area Code / Phone No.
Valid Until: Month_____ Day______ Year_________

Permanent Address No. & Street **City** **State** **Zip / Postal Code**

Area Code / Phone No.

Date of Birth (MM/DD/YYYY) ___________________________ **U.S. Social Security No.**____
optional

Country of Citizenship

Place of Birth (City, State/Country)

If you are not a U.S. citizen, are you a "Lawful Permanent Resident" of the U.S.? ☐ **Yes** ☐ **No**

If yes, please provide your Alien Registration Receipt Card or "Green Card" number: **A**____

E-mail Address:
|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
Please distinguish between a capital O and a zero by drawing a line through the zero

PART II: Academic Program Information

Department/Program Applying to:

Department ____

Major ____

Emphasis/ Concentration_______________________________________
if applicable

Degree Objective (designate one)**:**

☐ **MA** ☐ **MAcct** ☐ **MArch** ☐ **MAT** ☐ **MEd** ☐ **MEngr**
☐ **MFA** ☐ **MMus** ☐ **MNR** ☐ **MPA** ☐ **MS**

☐ **EdD** ☐ **PhD** ☐ **EdS**

Complete other side ➥

PART III: Academic History

HAVE YOU PREVIOUSLY ATTENDED THE UNIVERSITY OF IDAHO? ☐ **YES** ☐ **NO** **If YES, it is very important you list your attendance dates here►** **From**_____ **To**_____
Semester/Year Semester/Year

Student ID number_____

List in chronological order all colleges, universities and other institutions of higher education that you have attended or are attending. **Failure to include all schools may result in cancellation of application and withdrawal from the University.** ***Attach additional page(s) if needed*** ***(include UI if attended)***

College or University	City/State	Dates Attended From - To (mo/yr)	Degree, Major AND Date Received or Expected

PART IV: Residency

Section 33-3717B Residency Requirements, Idaho Code
IDAPA 08.01.04 – Rules Governing Residency Classification

Your State of Residence: _____ **From** _____/_____/_____ **to** _____/_____/_____

If less than 12 months, previous state: _____

Idaho residency status MAY be determined by one or more of the following. Please check all statements that are applicable if claiming Idaho residency for *tuition purposes.* Checking any one box does not establish residency. *Records may be requested.*

- ☐ I am married to an Idaho resident. My spouse is a resident of _____ County.
  Spouse Name _____; Current/former UI student ☐ **YES** ☐ **NO**
- ☐ 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.
- ☐ I have been separated under honorable conditions from the Armed Forces after at least two years of service. 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 have been away from the State of Idaho for a period of less than 30 months. I have not established legal residence elsewhere. I was a resident of the State of Idaho for a continuous 12-month period immediately prior to departure.
- ☐ I am a member of one of the following Idaho American Indian tribes: Coeur d'Alene, Shoshone-Paiute, Nez Perce, Shoshone-Bannock, Kootenai.

PART V: Additional Information

The following information is requested solely for the purpose of determining compliance with Federal Civil Rights Laws. Your response will not affect consideration of your application. By providing this information, you will assist us in assuring that this program is administered in a non-discriminatory manner. (Optional, chose as many as needed)

Gender: ☐Male ☐Female

Ethnic Information: ☐African American ☐Caucasian/White ☐Asian/Pacific Islander ☐Hispanic ☐Other_____ ☐American Indian//Native American/Alaskan Native

Tribal Affiliation_____

How did you first learn about the University of Idaho?
☐ Internet ☐ School/School Counselor ☐ Company/Personnel Officer ☐ College Fair ☐ Relative/Friend
☐ Advertisement in: _____ ☐ U.S. Embassy ☐ Other, please specify: _____

In signing this form, I acknowledge that failure to disclose and submit accurate information may result in denial of admission or dismissal from the institution. I certify that all information provided is complete and true. Additionally, by signing this application, I certify that I am in compliance with the Federal Military Selective Service Act, 50 U.S.C. Section 453, or that I am exempt from the same. Men between the ages of 18 and 25 must be registered with Selective Service to be eligible for enrollment at a state college, to receive state and federal financial aid, and to be employed in a state or federal job. You may register on-line at http://www.sss.gov.

Signature (Required)_____ Date_____

Please submit **all** admission documents to the Graduate Admissions Office:

Website: http://www.uidaho.edu/graduateadmissions/

Graduate Admissions Office
University of Idaho ☎ 208-885-4001
875 Perimeter Drive MS 3019 208-885-4406
Moscow, ID 83844-3019