University of Idaho
College of Graduate Studies

Complete this box to pay by credit card.

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CCV#: _____ Expiration date: _____

Type of credit card: ☐ MasterCard ☐ Visa ☐ Discover

Signature*:_____
*Signature authorizes the University of Idaho to charge my credit card for the $30 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 Reenrollment into Graduate School

Application fee: $30.00
Fee is non-refundable and must be paid before admission application is processed

Attendance Center (check one) :	Term & Year Expected to Re-Enter Graduate School:
☐ Boise ☐ Coeur d'Alene ☐ Idaho Falls ☐ Outreach ☐ Moscow	☐ 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: Program Information

When were you last enrolled at UI (year):	Student ID:
Last Degree/Major:	Did you graduate ☐ Yes ☐ No
Returning to same Degree/Major ☐ Yes ☐ No	Change of Curriculum attached ☐ Yes ☐ No

Complete other side ➥

PART III: Academic Information

Reenrollment must be approved by the department in whose degree program returning graduate students wish to enroll. Students who have completed one degree and wish to enroll in further courses must file a Change of Curriculum form with College of Graduate Studies with all the appropriate departmental approvals. Returning students who have not enrolled within two years of the term in which they wish to register must file an Application for Reenrollment with the Graduate Admissions Office in addition to the Change of Curriculum form mentioned above.

PART IV: Academic History

If you are planning on using credits earned at a previous institution towards a University of Idaho degree, please submit official transcripts to the College of Graduate Studies. To be considered official, transcripts must be mailed directly from the institution to the College of Graduate Studies. (Fax or photocopies of records are not considered official.)

PART V: 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.

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 875 Perimeter Drive MS 3019 Moscow, ID 83844-3019

ADDITIONAL INFORMATION FORM

University of Idaho
Graduate Admissions
875 Perimeter Dr MS 3019
Moscow, ID 83844–3019
Phone: 208-885-4001
Fax: 208-885-4406
graduateadmissions@uidaho.edu
www.uidaho.edu/graduateadmissions

As part of the application process, every applicant to the University of Idaho must respond to the following two questions. Processing of your admission file will not continue until these questions have been answered. Please mail, e-mail or fax this completed form and any required personal statements to the Graduate Admissions Office using the contact information above.

1. Have you ever been found responsible for a disciplinary violation at any educational institution you have attended from the 9th grade forward (or the international equivalent), whether related to academic misconduct or behavioral misconduct that resulted in disciplinary action? These actions could include, but are not limited to: reprimand, warning, probation, suspension, removal, dismissal, or expulsion from the educational institution.
   - ☐ Yes
   - ☐ No

2. Other than minor traffic offenses (e.g., speeding, parking tickets, etc.), (1) have you ever been adjudicated guilty or convicted, had a withheld judgment, or pleaded no contest to a misdemeanor, felony, or other crime, (2) are such charges pending against you, or (3) have you been required to register as a sex offender by any legal authority in the U.S. or any other country? *(Note: If the criminal adjudication or conviction has been expunged, sealed, annulled, pardoned, erased, or otherwise ordered by the court to be kept confidential, then you are not required to answer "Yes" to this question, or provide an explanation.)*
   - ☐ Yes
   - ☐ No

If you answered "Yes" to either or both questions, please submit a personal statement of the circumstances, approximate date(s) of incident(s), and your thoughts on lessons learned from the experience. The review committee will consider this statement in conjunction with all other application information provided when making an admission decision.

SIGNATURE

In submitting this form to the University of Idaho:

☐ I certify that (1) all information, documentation and other supporting materials submitted in the admission process is my own work, is factually true and accurate, and is not misleading; and (2) all documents I have submitted will become property of the University of Idaho (UI) and will not be returned to me.

☐ I authorize UI to communicate with any third party and any third party to communicate with UI to verify the accuracy and authenticity of any information or document that I provide or that is provided on my behalf to UI. I authorize UI and any third party to disclose information about me, my application, or my records as part of any such communication.

☐ I understand that I may be subject to a range of possible actions, including but not limited to admission revocation, expulsion, or revocation of course credit, grades, and degree, should the information I have provided be false, inaccurate, or misleading.

☐ I certify that I will notify the University immediately should there be any changes to the information, documentation or other supporting material that was submitted in the admission process, including any disciplinary history.

Applicant's Full Name: _____ Date of Birth: _____

Applicant's E-mail Address: _____ Current Phone: _____

To enrich education through diversity, the University of Idaho is an equal opportunity/affirmative action employer.