

Banner ID #	Student ID #
Other	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident
Tentative Acceptance	Final Acceptance

Application for Readmission

Mail to:

Office of Admissions
University of Idaho
PO Box 444264
Moscow, ID 83844-4264

Telephone: (208) 885-6326 or (888) 884-3246
Fax: (208) 885-9119
Website: www.uidaho.edu/admissions
E-mail: admissions@uidaho.edu

Start Date: ☐ Fall ☐ Spring ☐ Summer Year: _____

Campus: (check one) ☐ Boise ☐ Coeur d'Alene ☐ Idaho Falls ☐ Moscow ☐ Twin Falls

Type or print in ink. Please answer every question.

1. Legal name in full. (Indicate if no middle name. Do not use abbreviations.)

Last First Middle

List other names under which credentials may appear: _____

2. Current mailing address: _____
Street or PO Box

City State Zip (Area Code) Telephone Number

This address is valid until _____ Email Address: _____
Mo/Day/Yr

It is the applicant's responsibility to keep the Admissions Office informed of address changes.

3. Permanent address (from which mail will be forwarded): _____
Street or PO Box

City State Zip (Area Code) Telephone Number

4. The following data are used for positive permanent record identification and are not criteria for admission.

Date of Birth _____ Social Security Number (optional) _____
Mo/Day/Yr

Country of Birth _____ Country of Citizenship _____

If permanent resident, give number of permanent residency card _____

5. When were you last enrolled at UI? _____ UI Student ID # _____

6. At which level do you wish to enroll: ☐ Non-Degree ☐ Undergraduate

Please Note: Non-degree students are not eligible to receive federal Title IV financial aid. Non-degree students may register for no more than 7 credits each semester and may complete a maximum of 32 semester credits.

7. Intended major for UNDERGRADUATE degree-seeking students: _____

List all schools attended **since last attending** the University of Idaho. (Attach separate sheet if necessary.) Official transcripts must be submitted from all institutions listed. To be considered official, transcripts must be mailed directly from the institution to the Admissions Office. (Fax or photocopies of records are not considered official.) Failure to list all institutions attended or submission of inaccurate transcripts or other supporting documents is considered fraud and may subject the applicant to immediate cancellation of registration and/or dismissal from the university.

Name of Institution	City, State	Dates of Attendance	Date Graduated and Degree, If Any
_____	_____	_____ to _____ Mo/Yr Mo/Yr	_____ Degree Mo/Yr
_____	_____	_____ to _____ Mo/Yr Mo/Yr	_____ Degree Mo/Yr
_____	_____	_____ to _____ Mo/Yr Mo/Yr	_____ Degree Mo/Yr

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. Records may be requested.

State of Residence: _____ From _____ / _____ / _____ to _____ / _____ / _____
 If less than 12 months, previous state: _____
 County of Residence: _____ From _____ / _____ / _____ to _____ / _____ / _____
 If less than 12 months, previous county: _____

- ☐ One or more of my parents/legal guardians or spouse's parents is domiciled in Idaho and has maintained a bona fide domicile in Idaho for at least 12 months prior to the opening day of the term which I plan to enroll, **and** I receive at least 50% of my financial support from my parents/legal guardians.
 Parent's Name: _____
 Address: _____
 From _____ / _____ / _____ to _____ / _____ / _____.
- ☐ I receive **less than** 50% of my financial support from parents/legal guardians. I have continuously resided in Idaho for purposes other than education for at least 12 months prior to the opening day of the term which I plan to enroll.
- ☐ I am/will be a graduate of an accredited Idaho high school and I will attend this institution during the term immediately following high school graduation.
- ☐ I am married to an Idaho resident. My spouse is a resident of _____ County.
- ☐ 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.
- ☐ One or more of my parents/legal guardians from whom I receive 50% or more of my support, are a member of the Armed Forces stationed in Idaho. They are 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 twelve 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; or Kootenai.

Documentation may be required to support the reasons checked for claiming Idaho residency. If there is a question, an applicant will be classified as a non-resident until the details are resolved and the processing of the application will continue. The burden of proving Idaho residency will be on the applicant. Contact the Admissions Office for more details.

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 of Applicant

Date