Application for Undergraduate Admission to Idaho’s Public Colleges & Universities

Mail the completed application or a photocopy along with the appropriate nonrefundable application fee(s) to each Idaho institution to which you are applying.

Applying to:  ☐ Boise State University  ☐ College of Southern Idaho  ☐ College of Western Idaho  ☐ Eastern Idaho Technical College
1910 University Dr.  P.O. Box 1238  One Stop Student Services, MS 2500  Student Services, 1600 S. 25th E.
Boise, ID 83725-1320  Twin Falls, ID 83303  Nampa, ID 83653  Idaho Falls, ID 83404
Fee: $50  Fee: None………………Online Application  Fee: $25  Fee: $15
1-800-824-7017  (208) 733-9554  www.csi.edu  www.cwidaho.cc
www.boisestate.edu

☐ Idaho State University  ☐ Lewis-Clark State College  ☐ North Idaho College  ☐ University of Idaho
Office of Admissions  500 8th Ave.  1000 W. Idaho Garden Ave.  875 Perimeter Drive MS 4264
Pocatello, ID 83209-8270  Lewiston, ID 83501  Coeur d'Alene, ID 83814  Moscow, ID 83844-4264
Fee: $50  Fee: None………………Paper Application  Fee: No Application Fee  Fee: None………………Idaho Residents
(208) 282-2475  www.clarkstate.edu  (208) 769-3311, option 5  www.uidaho.edu
www.isu.edu

□ Fall, 20______  □ Spring, 20______  □ Summer, 20______  □ Summer & Fall, 20______
Start Date:  ____________________________

APPLICANT INFORMATION

Legal Name: ____________________________  Name You Prefer: ____________________________
(as on Soc. Sec. Card)  first  middle

Other Names Appearing on Records: __________________________________________________________

U.S. Social Security Number: __________-__________-__________  Date of Birth (mo/day/year): ______ / ______ / ______

Permanent Home Address:
Number & street / P.O. box city county state zip area code phone

Current Mailing Address:
Number & street / P.O. box city county state zip area code phone

Mailing Address valid until the following date: ______ / ______ / ______  Email Address: ____________________________

GENERAL INFORMATION

Citizenship:  ☐ USA  ☐ Other: ____________________________  If you are not a US citizen, you will be required to provide proof of lawful presence in the United States in order to qualify for Idaho residency for tuition purposes.

Native Language:  ☐ English  ☐ Other: ____________________________

Are you a U.S. Military Veteran?  ☐ Yes  ☐ No  Branch: ______  Service Dates: ______ to ______

Have you served in the U.S. Active Reserves?  ☐ Yes  ☐ No  Branch: ______  Service Dates: ______ to ______

Ethnicity:  Are you Hispanic or Latino?  Yes  ☐ No  ☐ Other: ____________________________
American Indian or Alaska Native  ☐ Asian
Black or African American  Native Hawaiian or Other Pacific Islander  ☐ White

Race: (select one or more)  ☐ ☐ ☐ ☐

Highest level of education or degree attained by either parent:  ☐ Bachelor  Other Degree: ____________________________

Emergency Contact:
(For ALL to complete. If under 18, list parents or guardians here.) name relationship

number & street / P.O. box city county state zip area code phone

ENROLLMENT INFORMATION

Intended Degree Type:  ☐ Certificate  ☐ Associate  ☐ Bachelor  ☐ Second Bachelor  ☐ Not Seeking Degree or Certificate

Program Type:  ☐ Academic Program  ☐ Career Technical Program

Intended Major:  (Refer to each institution’s publication for a list of majors offered)

first  second (optional)

Enrollment Status:  ☐ New  ☐ Transfer  ☐ Returning (readmission)

Do you plan to apply for federal financial aid?  ☐ Yes  ☐ No

Campus Location:  If planning to take courses primarily at outreach locations, list these locations: ____________________________

For office use only

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ACADEMIC INFORMATION

Have you taken the: □ ACT: Date  □ SAT: Date  □ COMPASS: Date  

List the last high school you attended and any schools since, including colleges, trade schools, correspondence, etc. Do not omit any schools. Attach a separate sheet if more space is needed. Students seeking certificates or degrees must have official transcripts submitted from each school listed. To be considered official, transcripts must be mailed in a sealed envelope directly from the school to the institution’s admissions office.

Did/Will you graduate from high school? □ Yes (month/year ___________ / ___________) □ No  

High School: __________________________________________ City: __________________ State: __________________

Do you have a GED or high school equivalency certificate? □ Yes (month/year ___________ / ___________) □ No  

If yes, degree-seeking applicants are required to submit official GED test scores.

PREVIOUS COLLEGE ATTENDANCE

Name of College, Trade School, etc. | City & State | Dates Attended | Grad. Date | Degree/# Credits Earned
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RESIDENCY

Idaho residency for tuition purposes is governed by Section 33-3717B, Idaho Code and IDAPA 08.01.04. Residency for community colleges is determined by county of residence under Idaho Code, 33-2110A.

State of Residence: ______ From: __________ / __________ / _______ to: __________ / __________ / _______ If less than 12 months, previous state: ________

County of Residence: ______ From: __________ / __________ / _______ to: __________ / __________ / _______ If less than 12 months, previous county: ________

Check applicable boxes: Documentation will be requested in order to verify Idaho residency for tuition purposes.

□ One or more of my parents/legal guardians 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 and 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 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. (or my spouse) is stationed in __________________________ County.

□ I am an officer or an enlisted member of the Idaho National Guard.

□ One or more of my parents/legal guardians, from whom I receive 50% or more of my support, is a member of the Armed Forces of the United States who entered service as an Idaho resident and who has maintained Idaho resident status, but is not stationed within the state of Idaho on military orders.

□ One or more of my parents/legal guardians, from whom I receive 50% or more of my support, is a member of the Armed Forces stationed in Idaho. They are stationed in __________________________________________ County.

□ I have been separated under honorable conditions from the Armed Forces after at least two years of service. Check one of the following:

□ 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 intend to make Idaho my state of residence and will actively establish domicile within one calendar year.

□ I am/will be a graduate of an accredited secondary school in Idaho, am domiciled in Idaho, and will matriculate within six (6) years following my secondary school graduation.

□ I completed six (6) years of elementary and secondary education in Idaho, am domiciled in Idaho, and will matriculate within six (6) years following my secondary school graduation.

□ I am a member of one of the following Idaho Native American Indian tribes: Coeur d’Alene, Shoshone-Paiute, Nez Perce, Shoshone-Bannock, Kootenai, Eastern Shoshone.

SIGNATURE

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. Men between the ages of 18 and 25 must be registered with the 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 with Selective Service online at http://www.sss.gov. By signing this application, I certify that I am in compliance with the Federal Military Selective Service Act, 50 U.S.C. sec. 453, or that I am exempt from the same.

Acceptance or receipt of financial aid and scholarship awards certifies that the funds will be used for educational purposes.

Signature of Applicant: __________________________ Date: __________________________

Idaho public colleges subscribe to the principles and laws of the State of Idaho and the Federal Government, including applicable executive orders pertaining to civil rights. These institutions are committed to the policy that all persons shall have equal access to programs and facilities without regard to age, color, creed, marital status, national or ethnic origin, physical handicap, race, religion, or sex.