

REGISTRATION FORM FOR ADVANCED OPPORTUNITIES



Independent Study in Idaho
 University of Idaho
 875 Perimeter Drive MS 3081
 Moscow ID 83844-3081

Local: (208) 885-6641
 Toll-free: (877) 464-3246
indepst@uidaho.edu
www.uidaho.edu/isi

Legal name..... Parent/guardian name.....
Last First Middle

Street or P.O. Box..... Birthdate.....

City..... State Zip Phone.....

Country UI Student ID/ V number (if applicable)

U.S. citizen? Yes No If no, what country?

Email Gender Female Male

*Registration confirmation and course information will be emailed within five business days.
 Confirmation via mail by request (allow 3 weeks).*

Course	Number	Course Title	Credits	Fees
				\$
				\$
				\$
Add \$30 administrative fee per course				\$
Total due				\$

ACADEMIC APPROVAL SIGNATURE

Register for ISI courses without applying for admission to colleges/universities

- Meet with your school counselor
- Create your Fast Forward account in the Advanced Opportunities Portal and apply for Fast Forward Funds
- Submit ISI Registration Form, with requested contact information and signatures
- See ISI website for refund schedule and policies at www.uidaho.edu/isi

Student signature Date.....

Parent/guardian signature..... Date.....

Advanced Opportunities facilitator name.....

Advanced Opportunities facilitator email Phone number.....

Principal/counselor signature Title..... Date

Principal/counselor signature.....

SOCIAL SECURITY NUMBER (Required by IRS for 1098T tax reporting of education expenses.)

PAYMENT INFORMATION (Payment is required at registration. Payable to UI Bursar.)

Check # Money order Tuition voucher in the amount of Cash (walk-in only)

Visa MasterCard Discover Credit Card #..... 3-digit pin (back of card)

Expiration date Amount authorized Billing zip code

Parent or guardian signature (if under 18 years of age)..... Date.....

Credit card and social security numbers are only accepted by phone, mail or in person.

This is a two page form.

By submitting this registration form, you certify that all information provided is correct, and you agree to follow the policies and procedures specified in the ISI catalog and on the ISI website. Changes in catalog content may occur after this printing. Refer to the ISI website for the most current policies, procedures, course information and refund deadlines.

CONSENT OF RELEASE OF INFORMATION (Optional) (Please print.)

I, authorize ISI to release the following information about me:

Check all that apply:

ACADEMIC:

- Registration/enrollment Grades Progress in course

ACCOUNT:

- Charges Payments

To the following individual(s) upon their request:

1. Printed name Relationship to student

Address..... Email

2. Printed name Relationship to student

Address..... Email

I understand that this information is considered a student education and/or financial record. Further, I understand that by signing this release, I am waiving my right to keep this information confidential under the Family Educational Rights and Privacy Act (FERPA). I certify that my consent for disclosure of this information is entirely voluntary. I understand this consent for disclosure of information can be revoked by me in writing at any time, but will not affect the information released under my previous consent. If I wish to make any changes to my consent for release, I understand I will need to complete and file a new form. **The authorization on this form will supersede all prior authorizations for release of my information.**

I wish to revoke all consent for release of information

Student's signature..... Date

Parent/guardian's signatureDate

For office use only
Initials _____
Date _____