

# Application for Non-Degree Admission and Registration

The following information is **REQUIRED** (unless noted as optional) to complete your application for admission or readmission to the University of Idaho



**Mail To:**  
 JODY M. SHARP  
 Off Campus Program  
 Coordinator  
 College of Education  
 Moscow, ID 83844-3084  
 Phone: 208-885-6134  
 Fax: 208-885-6761  
 Email: [jsharp@uidaho.edu](mailto:jsharp@uidaho.edu)

Full Legal Name: \_\_\_\_\_

Other Names records may be found under: \_\_\_\_\_

UI Student ID#: \_\_\_\_\_ Birth Date \_\_\_\_\_ Social Security # (optional): \_\_\_\_\_

Address: \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

email: \_\_\_\_\_ Certified School Professional?  Yes

Registered with UI before?  No  Yes; when were you last enrolled \_\_\_\_\_

State of Residence: \_\_\_\_\_ If IDAHO, how long? Years \_\_\_\_\_ Months \_\_\_\_\_

Are you a US Citizen?  Yes  No If No, are you a Permanent Resident?  Yes  No

Residency Card #: A- \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Visa Type: F1  J1  Other: \_\_\_\_\_

**Have you graduated from high school?**

Yes Name of High School: \_\_\_\_\_ Year: \_\_\_\_\_

High School City & State \_\_\_\_\_

No If No, have you completed the GED?  Yes Date: \_\_\_\_\_  No

**Optional Information**

Gender:  Male  Female

Ethnic Origin:  Asian  Black/African American  Caucasian  
 Hispanic  Native American  Other: \_\_\_\_\_

**Fee Payment Information**

Course Fees: \$ \_\_\_\_\_

Cash  Check  Credit Card (fill-in below:)

Card #  Visa  MC  Discover Exp. Date \_\_\_\_\_

**REGISTRATION FORM MUST BE COMPLETED BY THE FIRST CLASS MEETING AND SUBMITTED TO THE REGISTRAR'S OFFICE WITHIN 48 HOURS**

**COURSE REGISTRATION:**  Boise  Coeur d'Alene  Idaho Falls  Moscow  FALL  SPRING  SUMMER YEAR \_\_\_\_\_

CRN	Subject	Course		Credits	Course Title
		Number	Section		

Please read carefully, sign and date below.

**Agreement:** By my signature below, I certify that the statements in this application are to the best of my knowledge true and complete, and that I have attended no educational institutions other than those listed herein. I agree to follow the policies and procedures of the University and to notify the Registrar promptly in writing if I withdraw from the semester or drop from any classes or if any other action occurs that may affect the status of my enrollment. I accept responsibility for charges of the entire term regardless of attendance in class. I have read and understand the policies regarding fees and academic regulations as published in the applicable *Catalog* and Time Schedule (along with dates). I certify that all information on this form is accurate. By signing this application, I certify that I am in compliance with the Federal Military Selective Service Act, 50 U.S.C. § 453, or that I am exempt from the same.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_