

☐ FALL ☐ SPRING ☐ SUMMER YEAR: _____

Office of the Registrar
 875 Perimeter Dr MS 4260
 Moscow, ID 83844-4260
 Ph (208) 885-6731
 Fax (208) 885-9061

Full Legal Name: _____
 Other Names records may be found under: _____
 Address: _____
 (City) _____ (State) _____ (Zip) _____ Telephone: (____) _____
 email: _____

All information is **REQUIRED** unless noted as optional to complete your registration

Registered with UI before? ☐ No ☐ Yes If Yes, when were you last registered: _____ Student ID Number: _____

If registered in **last two years**, what is your enrollment status: ☐ Non-Degree ☐ Graduate ☐ Undergraduate

Current students will retain enrollment status; new or returning students will be admitted as non-degree seeking

Birth Date: _____ Social Security Number: _____
required by IRS law for 1098T tax reporting of education expenses

Are you a **US Citizen**? ☐ Yes ☐ No If No, are you a Permanent Resident? ☐ Yes ☐ No Residency Card #: A- _____

If non-citizen: Country of Birth: _____ Country of Citizenship: _____ Visa Type: F1 ☐ J1 ☐ Other: _____

State of Residence: _____ If **IDAHO**, how long? Years _____ Months _____

High School Graduate?

☐ 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

Ethnicity: Are you Hispanic/Latino/Latina or of Spanish origin? ☐ Yes ☐ No

Race: ☐ American Indian/Alaska Native ☐ Black/African American

☐ Native Hawaiian/Other Pacific Islander ☐ Asian ☐ White

REGISTRATION:

☐ Moscow ☐ Boise ☐ Coeur d'Alene ☐ Idaho Falls

CRN	Subject	Course		Credits	Course Title
		Number	Section		

FEES: Course Fees: \$ _____ ☐ Check ☐ Visa ☐ MasterCard ☐ Discover

NOTE: Credit card payments will be charged a 2.5% service fee (except inservice courses)

Card #: _____

Exp. Date _____ Verification Code (3 -4 digits on back) _____

Agreement: By my signature below, I certify that the statements in this application are to the best of my knowledge true and complete. 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 Class 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 _____