

PROFESSIONAL DEVELOPMENT & WORKSHOP REGISTRATION

FALL SPRING SUMMER YEAR: _____

Office of the Registrar
 PO Box 444260
 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 (optional):** _____

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** _____