

Legal Name ..... Other names (e.g. maiden) .....  
 Last First Middle  
 Street or P.O. Box ..... Birthdate (month/day/year).....  
 City ..... State ..... Zip ..... Email .....  
 Country ..... Phone .....  
 U.S. citizen?  Yes  No (If no, what country) ..... UI Vandal Number (if applicable) **V**.....  
 Using Veterans Benefits to pay for the course?:  Yes  No Gender  Female  Male  
 Have you ever attended:  ISI  University of Idaho  Lewis-Clark State College  Idaho State University  Boise State University

Allow five business days for registration confirmation and course information email. Confirmation via mail by request (allow 3 weeks).

Course	Number	Course Title	Credits	Fees
				\$
				\$
				\$
<b>Add \$30 administrative fee per course</b>				\$
<b>Total due</b>				\$

### ACADEMIC APPROVAL SIGNATURE

It is recommended that university students secure signature approval from their academic adviser before registration to ensure ISI college credits apply to their degree. **University of Idaho degree-seeking students are required to obtain this signature approval** per the University of Idaho catalog, section B-4. Most colleges and universities have transfer credit limitations.

Credits earned for ISI courses are included in the transcript of the course sponsoring institution (UI, LCSC, or ISU). Students should contact their school's Registrar to learn how ISI credits are transferred to their institution.

Adviser's signature ..... Date.....

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

**PAYMENT INFORMATION** (Payment is required at registration. Make check payable to **UI Bursar**)

Check # .....  Money Order  Tuition voucher amount .....  Cash (walk-in only)

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

Expiration date ..... Amount authorized .....

Name of cardholder ..... Phone.....

Billing address ..... Billing Zip Code .....

If under 18 years of age, parent or guardian signature.....Date.....

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

### STUDENTS UNDER 16 YEARS OF AGE

Students under 16 years of age at the time of registration must submit a separate Parental Permission Form indicating parental certification of student's college readiness. Please contact ISI at [indepst@uidaho.edu](mailto:indepst@uidaho.edu) to receive a copy of this 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 website. Changes in the catalog may occur after this printing. Refer to the ISI website for the most current policies, procedures, course information and refund deadlines.

How did you hear about the ISI program?

- Adviser
- Personal referral
- Website/online course catalog
- Printed course catalog
- Conference/education fair
- Online advertising
- Print advertising

What is your purpose in enrolling?

- Earn credit for degree/diploma
- Earn credit for certification/recertification
- Earn credit for library science certification
- Meet admission requirements
- Professional development
- Personal enrichment
- Other .....

**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 (please print):

1. Name ..... Relationship .....
- Street address ..... Email .....
- City, State, Zip Code ..... Phone number .....
2. Name ..... Relationship .....
- Street address ..... Email .....
- City, State, Zip Code ..... Phone number .....

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.....