

Office use:
ID#: _____
Date Rec'd: _____

Returning Student Data Sheet

1. Name: _____
 (Give **full** legal name. Please underscore or list any other name(s) commonly used.)
 2. Current Mailing Address: _____

Number & Street
City
State
Zip
County

 Permanent Address: _____

Number & Street
City
State
Zip
County
 3. Home Phone: _____ Cell Phone: _____
 (Include Area Code)
 4. Date of Birth: _____ Email: _____
 5. Sex: Female Male
 6. When do you plan to enroll? Fall Semester 20____ Winter Semester 20____ Spring Semester 20____
 7. Dates you attended The College of Idaho: _____
 8. Did you take an official Leave of Absence from the College of Idaho? _____
 (Yes or No)
 9. Have you attended another college since attending The College of Idaho? _____
 (Yes or No)
 If **YES** list name(s) of each school or college, date(s) of attendance and any degrees earned.

- (This form must be followed by official transcripts from ALL colleges, universities or special schools attended since leaving The College of Idaho. Willful falsification will result in immediate disqualification.)
10. Field of study: _____ Will you need campus housing? _____
 11. Last College of Idaho advisor: _____ Do you wish the same advisor? _____
 12. Have you ever applied for graduation from The College of Idaho? _____
 13. Do you intend to return to The College of Idaho and take classes toward a degree?
 14. Please write a brief letter to the Admission Committee explaining your circumstances and the reason you wish to return. You may attach the letter or use the back of this sheet.

I do hereby declare the above information to be true and correct.

Signed: Dated: _____