

Yote Stop/Box #67 2112 Cleveland Blvd. Caldwell, ID 83605 208.459.5400

## **Non Degree Seeking Application**

Please fill out and return this to The College of Idaho Registrar Office as soon as possible. Please know that you will not be enrolled in classes until the first day of class and an Add/Drop form may be required. IMPORTANT: To Open and Fill out This Form Correctly, You Must Open and Save This Document in Adobe Reader

1.	Name:(Give full legal name. Please list any other name(s) commonly used.)
2.	Current Mailing Address:  Number & Street  City  State  Zip
3.	Current Phone Number:
4.	Date of Birth S.S.#
5.	Month Day Year  Sex: Female Male Email:  Voluntary Information:
	Race: American/Alaska Native Asian Hawaiian/Pacific Isle Black White Multi-Ethnic
	Ethnic: Hispanic/Latino Non-Hispanic/ Latino Non-Resident
6.	When do you plan to enroll?   Fall Semester 20   Spring Semester 20
7.	Names of parents or legal guardian:
	Address of parents or legal guardian:  Number & Street City State Zip
8.	Have you previously attended The College of Idaho: ☐ Yes ☐ No Dates:
9.	If yes, have you attended another college since attending The College of Idaho? $\Box$ Yes $\Box$ No
	If YES, Please list the name(s) of each school or college you attended during your absence.
	(Official transcripts from ALL colleges, universities or special schools attended must be sent to The College of Idaho.)
10.	Classes you would like to Enroll in:
l do he	reby declare the above information to be true and correct.
	ıre:Date:
REGISTRAR OFFICE USE ONLY:  Notify the following departments: Academic Advising Res Life Financial Aid	
<b>Sen</b> ∈	d IT the following information to helpdesk@collegeofidaho.edu: tudent Name
	ry Student has Good Academic Standing (SACS): ood ☐ Warning ☐ Suspension ☐ Probation Holds: ☐ Yes ☐ No Department: