



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

Non-Degree Seeking Student Application

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
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 Permanent Address: _____

Number & Street	City	State	Zip	County
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3. Home Phone: _____ Cell Phone: _____
(Include Area Code)
4. Date of Birth: _____ Email: _____
5. Sex: Female Male

Voluntary Information:

Race: AN AS HP BL WH ME **Ethnic:** HIS NHS
 NR Circle One American/Alaska Native Asian Hawaiian/Pacific Isle Black White Multi-Ethnic Circle one Hispanic/Latino Non-Hispanic/ Latino Non-Resident

6. When do you plan to enroll? Fall Semester 20__ Winter/Spring Semester 20__
7. Dates you attended The College of Idaho (if applicable): _____
8. Have you attended another college or taken college courses at another college? _____
(Yes or No)
If **YES** list name(s) of each 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. Willful falsification will result in immediate disqualification.)

9. Class(es) you wish to take at The College of Idaho: _____

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

Signed: Dated: _____