THE COLLEGE of IDAHO

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.

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: _____ ☐ Cell ☐ Home ☐ Work
   (Include Area Code)

4. Date of Birth _____ S.S.# _____
   Month Day Year

5. 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? ☐ Yes ☐ 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: _____

    _____

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

Signature: _____ Date: _____

Office Use:
Date Rec'd: ID#: _____ Date System Updated: _____