

Returning Student Data Application

Please fill out and return this to The College of Idaho Registrar Office as soon as possible.

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: _____

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. Name and Phone Number of Emergency Contact: _____

9. Dates you attended The College of Idaho: _____

10. Did you take an approved Leave of Absence from the The College of Idaho? Yes or No

11. Have you attended another college since attending The College of Idaho? Yes or 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 since leaving The College of Idaho will be required.

Field of study: _____ Continue in this field of study? Yes or No

Previous advisor: _____ Would you like the same advisor? Yes or No

Will you need campus housing: Yes or No

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

Signature: _____ Date: _____

REGISTRAR OFFICE USE ONLY:

Notify the following departments: Academic Advising Res Life Financial Aid

Send IT the following information to helpdesk@collegeofidaho.edu:

Student Name Student ID Term Student is Returning Did Student take LOA or Withdrawal?

Verify Student has Good Academic Standing (SACS):

Good Warning Suspension Probation

Holds: Yes No Department: _____