



Office use:

ID#: _____

Date Rec'd: _____

DEFERRED ENROLLMENT FORM

(Please fill this form out just prior to the term in which you plan to enroll. It is intended to update your previous application with new information.)

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

Permanent Address: _____
Number & Street City State Zip

Email Address: _____

3. Home Phone: _____ Cell Phone: _____
(Include Area Code)

4. What Semester do you plan to enter?

Fall Semester 20__

Winter/Spring Semester 20__

5. Intended field of study:

6. List any college or university you have attended.

School	Attendance- Month & year	Degree Earned
_____	_____	_____
_____	_____	_____
_____	_____	_____

(This form should be followed by official transcripts from ALL colleges, universities or special schools attended since your original application to The College of Idaho.)

7. Please write a brief letter to the Admission Committee explaining your circumstances and the reason for deferring your enrollment. You may attach the letter or use the back of this sheet.

8. I hereby certify that the information given above is correct. Please re-activate my admission file.

Signature _____ Date _____

Complete and send to: The College of Idaho
Admission Office
2112 Cleveland Blvd.
Caldwell, ID 83605