

APPLICATION AND REGISTRATION FOR HIGH SCHOOL DUAL CREDIT

PLEASE PRINT

Legal Name: _____
Last First Middle

Registered with UI before? No Yes Last Enrolled: _____ Student ID # _____ - _____
Year

Name of High School _____ City, State _____ GPA _____ Dates Attended _____ Expected Graduation Date _____
to

Email Address: _____

COMPLETE THIS BOX ONLY IF THIS IS YOUR FIRST UI REGISTRATION

Social Security Number (optional): _____ Birthdate: _____

Permanent Address: _____

Street Address: _____

City _____ State _____ ZIP _____ Phone: _____

State of Residence: _____ If IDAHO, how long? Years _____ Months _____

Are you a US Citizen? Yes No If No, Country of Birth: _____

Country of Citizenship: _____ Permanent Residency Card #: _____ Visa Type _____

OPTIONAL: Gender: Male Female

Ethnicity: Are you Hispanic/Latino/Latina or of Spanish origin? Yes No

Race (check all that apply) American Indian/Alaskan Native Hawaiian/Other Pacific Islander
 Asian Black/African American White

COURSE REGISTRATION

SEMESTER:		<input type="checkbox"/> FALL		<input type="checkbox"/> SPRING		<input type="checkbox"/> SUMMER		YEAR:	
CRN	Subject	Course		Credit	Title	Instructor Validation needed if student is under 16 yrs of age			
		Number	Section						

FEES

Registration Fees \$ _____ Payment attached: Cash Check

NOTE: Credit cards payments are accepted online only via VandalWeb (www.vandalweb.uidaho.edu) and will be charged a 2.5% service fee.

Please read carefully, sign and date below. **Agreement:** By my signature below, I certify that the statements in this application are to the best of my knowledge true and complete. I agree to follow the policies and procedures of the University and to notify the Registrar promptly in writing if I withdraw from the university or drop from any classes or if any other action occurs that may affect the status of my enrollment. I accept responsibility for charges of the entire term regardless of attendance in class. I have read and understand the policies regarding fees and academic regulations as published in the applicable *Catalog*, Class Schedule or official university information on accelerated learning. I certify that all information on this form is accurate. By signing this application, I certify that I am in compliance with the Federal Military Selective Service Act, 50 U.S.C. § 453, or that I am exempt from the same.

Rev 6/5/09

Student's Signature _____ Date _____

High School Counselor Signature _____ Date _____

Parent/Guardian Signature _____ Date _____