



STEPS FOR ADMISSIONS

Complete and turn in the **ADMISSIONS APPLICATION** if you are going into a Degree/Certificate seeking program. (There is a \$10 fee for the application. This fee also covers the cost of your Compass Test.)

Pay \$10 **APPLICATION/COMPASS** fee

COMPASS TESTING CENTER

Room 350, Christofferson Building
(208) 524-3000 ext. 3438

No Appointment needed. Walk-in between these hours:

Monday 1 to 8 pm

Wednesday 1 to 8 pm

Friday 8 am to Noon

**There may be an occasional day when testing is not possible due to holidays or other conflicts.*

FREE ONLINE PRACTICE TESTS are available at:

www.act.org/compass/sample

www.algebrahelp.com

www.testprepreview

REQUIRED AT TESTING:

1. Copy of your receipt of payment from the cashier
2. A valid Picture ID
3. If testing before 5 pm see Student Services for a temporary parking permit
4. You may bring a calculator or use one provided for you by the testing center
5. No children

Have your **TRANSCRIPTS** sent from last High School/GED attended (**MUST** be an official copy in sealed envelope sent directly from your school).

Have your **TRANSCRIPTS** sent from all previously attended Colleges (**MUST** be an official copy in sealed envelope sent directly from your school).

Make an appointment with a **COUNSELOR** (208) 524-3000.

Medical Programs- Holly Clark

Non-Medical Programs- Richard Jardine

Undecided- Center for New Directions (208) 524-3000 ext. 3363

To apply for **FINANCIAL AID** visit our website at www.eitc/ss/faapply.cfm

APPLICATION FOR UNDERGRADUATE ADMISSION to Idaho's Public Colleges & Universities

<i>For office use only</i>	

Mail the completed application or a photocopy along with the appropriate nonrefundable application fee(s) to each Idaho public institution to which you are applying.

Applying to:

Boise State University
1910 University Dr.,
Boise, ID 83725-1320
Fee: \$40..... Academic Program
Fee: \$30..... Professional Technical
1-800-824-7017
www.boisestate.edu

College of Southern Idaho
PO Box 1238,
Twin Falls, ID 83303
Fee: None..... **(208) 733-9554**
www.csi.edu

Eastern Idaho Technical College
Student Services: 1600 S. 25th E.,
Idaho Falls, ID 83404
Fee: \$10..... **1-800-662-0261**
www.eitc.edu

Idaho State University
Office of Admissions,
Box 8270
Pocatello, ID 83209
Fee: \$40..... **(208) 282-2471**
www.isu.edu

Lewis-Clark State College
500 8th Ave.,
Lewiston, ID 83501
Fee: \$35..... **1-800-933-LCSC**
www.lcsc.edu

North Idaho College
1000 W. Garden Ave.,
Coeur d'Alene, ID 83814
Fee: \$25..... **(208) 769-3311**
www.nic.edu

University of Idaho
PO Box 444264
Moscow, ID 83844-4264
Fee: \$40..... **1-888-884-3246**
www.uidaho.edu

Start Date: Fall, 20____ Spring, 20____ Summer, 20____ Summer & Fall, 20____

APPLICANT INFORMATION

Name: _____ **Name You Prefer:** _____
(as on Soc. Sec. Card) last first middle

Other Names Appearing on Records: _____

U.S. Social Security Number: _____ - _____ - _____ **Date of Birth (mo/day/year):** _____ / _____ / _____

Permanent Home Address: _____
number & street/PO box city county state zip area code phone

Current Mailing Address: _____
number & street/PO box city county state zip area code phone

Mailing Address
valid until the following date: _____ / _____ / _____ **E-mail Address:** _____

GENERAL INFORMATION

Citizenship: USA Other **Native Language:** English Other: _____

If citizenship is "other," answer the following questions: Country of citizenship: _____

Resident alien of U.S.: Yes, Resident alien number: A- _____ No, Current visa type: _____

Gender: (optional) Female Male **Are you a U.S. Veteran:** Yes No Dates of Service _____ to _____

Ethnicity: (optional) African American/Black American Indian/Native American/Alaska Native Asian American
 Caucasian/White Native Hawaiian or other Pacific Islander Hispanic/Latino/Lati
 Other: _____

Highest level of education or degree attained by either parent: Bachelor Other Degree _____

Emergency Contact: _____
(For ALL to complete. If under 18, list parents or guardians here.) name relationship

_____ number & street/PO box city county state zip area code phone

ENROLLMENT INFORMATION

Intended Degree Type: Certificate Associate Bachelor Second Bachelor Not Seeking Degree or Certificate

Program Type: Academic Program Professional Technical Program

Intended Major (Refer to each institution's publication for a list of majors offered):

_____ first second (optional) Undecided

Enrollment Status: New Transfer Returning (readmission)

Do you plan to apply for federal financial aid? Yes No

Campus Location: If planning to take courses primarily at outreach locations, list these locations:

Name: _____

ACADEMIC INFORMATION

Have you taken the: ACT: Date _____ SAT: Date _____ COMPASS: Date _____

List the last high school you attended and any schools since, including colleges, trade schools, correspondence, etc. *Do not omit any schools.* Attach a separate sheet if more space is needed. Failure to list all schools attended, or submission of inaccurate information, is considered fraud and is cause for refusal of admission or dismissal from the institution. *Students seeking certificates or degrees must have official transcripts submitted from each school listed. To be considered official, transcripts must be mailed in a sealed envelope directly from the school to the institution's admissions office.*

DID/WILL YOU GRADUATE FROM HIGH SCHOOL? Yes (month/year _____ / _____) No

High School _____ City _____ State _____

DO YOU HAVE A GED OR HIGH SCHOOL EQUIVALENCY CERTIFICATE? Yes (month/year _____ / _____) No

If yes, degree-seeking applicants are required to submit official GED test scores.

Are/were you a Tech Prep Student? Yes No If yes, in which program area did you enroll? _____

Name of College, Trade School, etc.	City & State	Dates Attended	Grad. Date	Degree/# Credits Earned

RESIDENCY

Idaho residency status MAY be determined by one or more of the following. Please check all statements that are applicable if claiming Idaho residency for tuition purposes. Residency for community colleges is determined by county of residence.

State of Residence: _____ From _____ / _____ / _____ to _____ / _____ / _____ If less than 12 months, previous state: _____

County of Residence: _____ From _____ / _____ / _____ to _____ / _____ / _____ If less than 12 months, previous county: _____

- One or more of my parents/legal guardians or spouse's parents is a resident of Idaho and has maintained a bona fide domicile in Idaho for at least one year prior to the opening day of the school term during which I plan to enroll. If I am a community college applicant, I receive at least 51% of my financial support from my parents/legal guardians.
Parent's name _____
and address _____ From _____ / _____ / _____ to _____ / _____ / _____
- I receive less than fifty percent of my financial support from parents or legal guardians who are not residents of Idaho for voting purposes. I have continuously resided in Idaho for at least 12 months before the opening day of the school term at this institution. I have been employed full-time in Idaho for the past 12 months.
- I am a graduate of an accredited Idaho high school and I will attend this institution during the term immediately following graduation. If I am a community college applicant, this item may not be applicable to determine residency.
- I am married to an Idaho resident. My spouse is a resident of _____ County.
- I or my spouse is a member of the Armed Forces stationed in Idaho on military orders, or Idaho is my or my spouses designated military home of record. I or my spouse is stationed in _____ County. Records may be requested.
- One or more of my parents or legal guardians, from whom I receive fifty percent or more of my support, is a member of the Armed Forces stationed in Idaho. They are stationed in _____ County. Records may be requested.
- I have been separated under honorable conditions from the Armed Forces after at least two years of service. At the time of separation, I designated the State of Idaho as my intended domicile or indicated Idaho as my home of record, and I am entering this institution within one year of the date of separation. Records may be requested.
- I have been away from the State of Idaho for a period of less than one calendar year. I have not established legal residence elsewhere. I was a resident of the State of Idaho for a continuous twelve month period immediately prior to departure.
- I am a member of one of the following Idaho American Indian tribes: Coeur d'Alene; Shoshone-Paiute; Nez Perce; Shoshone-Bannock; Kootenai. Records may be requested.

SIGNATURE

In signing this form, I acknowledge that failure to disclose and submit accurate information may result in denial of admission or dismissal from the institution. I certify that all information provided is complete and true. By signing this application, I certify that I am in compliance with the Federal Military Selective Service Act, 50 U.S.C. sec. 453, or that I am exempt from the same. Men between the ages of 18 and 25 must be registered with Selective Service to be eligible for enrollment at a state college, to receive state and federal financial aid, and to be employed in a state or federal job. You may register with Selective Services on-line at <http://www.sss.gov>

Acceptance or receipt of financial aid and scholarship awards certifies that the funds will be used for educational purposes.

Signature of Applicant: _____ Date: _____

Idaho public colleges subscribe to the principles and laws of the State of Idaho and the Federal Government, including applicable executive orders pertaining to civil rights. These institutions are committed to the policy that all persons shall have equal access to programs and facilities without regard to age, color, creed, marital status, national or ethnic origin, physical handicap, race, religion, or sex.



Eastern Idaho Technical College

TRANSCRIPT REQUEST FORM

HIGH SCHOOL TRANSCRIPT REQUEST

Submit to High School Records Office

TO: High School _____ Date _____

FROM:

 Last Name First Name Middle Name Previous Name

 Address

Date of Birth _____ Last date of attendance _____ Social Security # _____

Please send an official transcript to:

*Office of the Registrar and Admissions
 Eastern Idaho Technical College*

*1600 South 25th East
 Idaho Falls, ID 83404*

***The institution (high school, college, or university) this form is being sent to
 may require additional information and may charge additional fees.*

Signature _____ Date _____

COLLEGE TRANSCRIPT REQUEST

Submit to College Registrar's Office

TO: Registrar _____ Date _____

FROM:

 Last Name First Name Middle Name Previous Name

 Address

Date of Birth _____ Last date of attendance _____ Social Security # _____

Please send an official transcript to:

*Office of the Registrar and Admissions
 Eastern Idaho Technical College*

*1600 South 25th East
 Idaho Falls, ID 83404*

***The institution (high school, college, or university) this form is being sent to
 may require additional information and may charge additional fees.*

Signature _____ Date _____