

Application for Undergraduate Admission to Idaho's Public Colleges & Universities

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

Applying to:

Boise State University

Admissions
1910 University Dr.
Boise, ID 83725-1320
Fee: \$50
(208) 426-1156
1-800-824-7017
www.boisestate.edu

College of Southern Idaho

P.O. Box 1238
Twin Falls, ID 83303
Fee: None.....Online Application
Fee: \$10.....Paper Application
(208) 733-9554
www.csi.edu

College of Western Idaho

One Stop Student Services
P.O. Box 3010
MS 3000
Nampa, ID 83653
Fee: \$25
(208) 562-3000
www.cwidaho.cc

Eastern Idaho Technical College

Student Services
1600 S. 25th E.
Idaho Falls, ID 83404
Fee: \$15
1-800-662-0261
www.eitc.edu

Idaho State University

Office of Admissions
921 S 8th Ave, Stop 8270
Pocatello, ID 83209-8270
Fee: \$50
(208) 282-2475
www.isu.edu

Lewis-Clark State College

500 8th Ave.
Lewiston, ID 83501
Fee: No Application Fee
1-800-933-LCSC
www.lcsc.edu

North Idaho College

1000 W. Idaho Garden Ave.
Coeur d'Alene, ID 83814
Fee: No Application Fee
(208) 769-3311
www.nic.edu

University of Idaho

P.O. Box 444264
Moscow, ID 83844-4264
Fee: \$60
1-888-884-3246
www.uidaho.edu

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

APPLICANT INFORMATION

Legal 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/P.O. box city county state zip area code home phone

Current Mailing Address: _____
number & street/P.O. box city county state zip area code cell phone

Mailing Address valid until the following date: _____ / _____ / _____ **Email Address:** _____

GENERAL INFORMATION

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

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

Permanent Resident of U.S.: Yes, Alien registration number: A - _____ Expiration Date: (month/year) _____ / _____

No, Current visa type: _____

Are you a U.S. Military Veteran? Yes No Branch: _____ Service Dates: _____ to _____

Have you served in the U.S. Active Reserves? Yes No Branch: _____ Service Dates: _____ to _____

Are you Hispanic or Latino? Yes No **Gender:** Female Male

Select one or more of the following races: American Indian or Alaska Native Asian
 Black or African American Native Hawaiian or Other Pacific Islander White

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

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

number & street/P.O. 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: (month/year) _____ SAT: (month/year) _____ COMPASS: (month/year) _____

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 received directly from the issuing institution in a sealed envelope or delivered electronically using an approved transcript exchange.

Did/Will you graduate from high school? Yes (month/year) _____ EduID: _____ 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? _____

PREVIOUS COLLEGE ATTENDANCE

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

Section 33-3717B Residency Requirements, Idaho Code
IDAPA 08.01.04 – Rules Governing Residency Classification

Idaho residency status MAY be determined by one or more of the following. 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: _____

You MUST check at least one box below. Checking any one box does not guarantee Idaho residency for tuition purposes.

Records may be requested.

- One or more of my parents/legal guardians or spouse's parents is domiciled in Idaho and has maintained a bona fide domicile in Idaho for at least 12 months prior to the opening day of the term which I plan to enroll, **and** I receive at least 50% of my financial support from my parents/legal guardians.
Parent's name and address _____ From ___ / ___ / ___ to ___ / ___ / ___
- I receive **less than** 50% of my financial support from parents/legal guardians. I have continuously resided in Idaho for purposes other than education for at least 12 months prior to the opening day of the term which I plan to enroll.
- I am/will be a graduate of an accredited Idaho high school and I will attend this institution during the term immediately following high school graduation.
- 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. I or my spouse is stationed in _____ County.
- I am an officer or an enlisted member of the Idaho National Guard.
- One or more of my parents/legal guardians, from whom I receive 50% or more of my support, is a member of the Armed Forces of the United States who entered service as an Idaho resident and who has maintained Idaho resident status, but is not stationed within the state of Idaho on military orders.
- One or more of my parents/legal guardians, from whom I receive 50% or more of my support, is a member of the Armed Forces stationed in Idaho. They are stationed in _____ County.
- I have been separated under honorable conditions from the Armed Forces after at least two years of service. **Check one of the following:**
 - 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.
 - I intend to make Idaho my state of residence and will actively establish domicile within one calendar year.
- I have been away from the State of Idaho for a period of less than 30 months. I have not established legal residence elsewhere. I was a resident of the State of Idaho for a continuous 12-month period immediately prior to departure. Time spent away from Idaho enrolled in a postsecondary education program shall not be included in the 30 month limit.
- I am a member of one of the following Idaho American Indian tribes: Coeur d'Alene, Shoshone-Paiute, Nez Perce, Shoshone-Bannock, Kootenai, Eastern Shoshone.
- I am not a resident of Idaho for fee paying purposes.

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 the 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 online 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.