

Yote Stop/Box #67 2112 Cleveland Blvd. Caldwell, ID 83605 208.459.5400

Non Degree Seeking Application

Please fill out and return this to The College of Idaho Registrar Office as soon as possible. Please know that you will not be enrolled in classes until the first day of class and an Add/Drop form may be required.

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:
4.	Date of BirthS.S.#
5.	Month Day Year Sex: Female Male Email:
	Voluntary Information:
	Race: American/Alaska Native Asian Hawaiian/Pacific Isle Black White Multi-Ethnic
	Ethnic: Hispanic/Latino Non-Hispanic/ Latino Non-Resident
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.	Have you previously attended The College of Idaho: ☐ Yes ☐ No Dates:
9.	If yes, have you attended another college since attending The College of Idaho? \Box Yes \Box 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 must be sent to The College of Idaho.)
10.	Classes you would like to Enroll in:
l do he	reby declare the above information to be true and correct.
Signatu	ire:Date:
Notif Send Stories	ilSTRAR OFFICE USE ONLY: iy the following departments: Academic Advising Res Life Financial Aid id IT the following information to helpdesk@collegeofidaho.edu: sudent Name Student ID Term Student is Returning Did Student Receive a Degree from C of I? iy Student has Good Academic Standing (SACS): ood Warning Suspension Probation Holds: Yes No Department: Holds: