

## Returning Student Data Application

Please fill out and return this to The College of Idaho Registrar Office as soon as possible.

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: \_\_\_\_\_  Cell  Home  Work  
(Include Area Code)
  
4. Date of Birth \_\_\_\_\_ S.S.# \_\_\_\_\_  

Month
Day
Year
  
5. Sex:  Female  Male Email: \_\_\_\_\_
  
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. Dates you attended The College of Idaho: \_\_\_\_\_
  
9. Did you take an approved Leave of Absence from the The College of Idaho? Yes or No
  
10. Have you attended another college since attending The College of Idaho? Yes or No  
 If **YES**, please list the name(s) of each school or college you attended during your absence.

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*Official transcripts from ALL colleges, universities or special schools attended since leaving The College of Idaho will be required.*

- Field of study: \_\_\_\_\_ Continue in this field of study? Yes or No
- Previous advisor: \_\_\_\_\_ Would you like the same advisor? Yes or No
- Will you need campus housing: Yes or No

**I do hereby declare the above information to be true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REGISTRAR OFFICE USE ONLY:**

Notify the following departments:  Academic Advising  Res Life  Financial Aid

Send IT the following information to [helpdesk@collegeofidaho.edu](mailto:helpdesk@collegeofidaho.edu):

Student Name  Student ID  Term Student is Returning  Did Student take LOA or Withdrawal?

**Verify Student has Good Academic Standing (SACS):**

Good  Warning  Suspension  Probation **Holds:**  Yes  No Department: \_\_\_\_\_