

# PROFESSIONAL DEVELOPMENT & WORKSHOP REGISTRATION

FALL  SPRING  SUMMER YEAR: \_\_\_\_\_

**Office of the Registrar**  
 875 Perimeter Dr MS 4260  
 Moscow, ID 83844-4260  
 Ph (208) 885-6731  
 Fax (208) 885-9061

**Full Legal Name:** \_\_\_\_\_  
**Other Names** records may be found under: \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ **Telephone:** ( \_\_\_\_\_ ) \_\_\_\_\_  
**email:** \_\_\_\_\_

All information is **REQUIRED** unless noted as optional to complete your registration

**Registered with UI before?**  No  Yes If Yes, when were you last registered: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

If registered in **last two years**, what is your enrollment status:  Non-Degree  Graduate  Undergraduate  
 Current students will retain enrollment status; new or returning students will be admitted as non-degree seeking

**Birth Date:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

*required by IRS law for 1098T tax reporting of education expenses*

Are you a **US Citizen?**  Yes  No If No, are you a Permanent Resident?  Yes  No Residency Card #: A- \_\_\_\_\_

If non-citizen: Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_ Visa Type: F1  J1  Other: \_\_\_\_\_

**State of Residence:** \_\_\_\_\_ If **IDAHO**, how long? Years \_\_\_\_\_ Months \_\_\_\_\_

**High School Graduate?**

Yes Name of High School: \_\_\_\_\_ Year: \_\_\_\_\_

High School City & State: \_\_\_\_\_

No If No, have you completed the GED?  Yes Date: \_\_\_\_\_  No

**Optional Information**

**Gender:**  Male  Female

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

**Race:**  American Indian/Alaska Native  Black/African American  
 Native Hawaiian/Other Pacific Islander  Asian  White

**REGISTRATION:**

Moscow  Boise  Coeur d'Alene  Idaho Falls

CRN	Subject	Course		Credits	Course Title
		Number	Section		

**FEES:** Course Fees: \$ \_\_\_\_\_  Check  Visa  MasterCard  Discover

**NOTE:** Credit card payments will be charged a 2.5% service fee (except inservice courses)

Card #: \_\_\_\_\_

Exp. Date \_\_\_\_\_ Verification Code (3 -4 digits on back) \_\_\_\_\_

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 semester 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* and Class Schedule (along with dates). 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.

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_