



Independent Study in Idaho  
 University of Idaho  
 875 Perimeter Dr. MS 3081  
 Moscow, ID 83844-3081

**REGISTRATION FORM**

Local: (208) 885-6641  
 Toll free: (877) 464-3246  
 indepst@uidaho.edu  
 www.uidaho.edu/isi

Legal Name ..... Other names (maiden, nickname) .....

Last                      First                      Middle

Street or P.O. Box ..... Birthdate .....

City ..... State ..... Zip ..... Phone .....

Country ..... UI Student ID/V number (if applicable) .....

U.S. citizen?  Yes  No (If no, what country) ..... If no, what country? .....

Email ..... Gender  Female  Male

Have you ever attended:  ISI  University of Idaho  Lewis-Clark State College  Idaho State University  Boise State University

*Registration confirmation and course information will be emailed within five business days.  
 Confirmation via mail by request (allow 3 weeks).*

Course	Number	Course Title	Credits	Fees
				\$
				\$
				\$
Add \$30 administrative fee per course				\$
Total due				\$

**ACADEMIC APPROVAL SIGNATURE**

It is recommended that university students secure signature approval from their academic adviser or dean before registration to ensure ISI college credits apply to their degree. Most colleges and universities have transfer credit limitations. University of Idaho degree-seeking students are required to obtain this signature approval per the University of Idaho catalog, section B-4.

Credits earned for ISI courses are included in the transcript of the course sponsoring institution (UI, LCSC, or ISU). The University of Idaho DOES NOT calculate ISI course credits or transfer credits into the official GPA. Students at other universities may contact their registrar to find out if ISI credits are calculated into their GPA.

Adviser's signature ..... Date .....

Dean's signature ..... Date .....

**SOCIAL SECURITY NUMBER** ..... (Required by IRS for 1098T tax reporting of education expenses.)

**PAYMENT INFORMATION** (Payment is required at registration. Payable to UI Bursar)

Check # .....  Money order  Tuition voucher amount .....  Cash (walk-in only)

Visa  Mastercard  Discover    Credit card # ..... 3-digit pin (back of card) .....

Expiration date ..... Amount authorized .....

Name of card holder .....

Billing address ..... Billing zip code .....

If under 18 years of age, parent or guardian signature ..... Date .....

*Credit card and social security numbers are only accepted by phone, mail, or in person.*

**This is a two-page form**

By submitting this registration form, you certify that all information provided is correct, and you agree to follow the policies and procedures specified in the ISI catalog and on the website. Changes in the catalog may occur after this printing. Refer to the ISI website for the most current policies, procedures, course information and refund deadlines.

How did you hear about the ISI program?

- Adviser
- Conference/education fair
- Catalog/print advertising
- Website
- Personal referral
- U.S. military

What is your purpose in enrolling?

- Earn credit for certification/recertification
- Earn credit for degree/diploma
- Earn credit for library science certification
- Meet admission requirements
- Professional development
- Personal enrichment

**RELEASE OF INFORMATION** (Optional) (Please print.)

I, .....authorize ISI to release the following information about me:

Check all that apply:

ACADEMIC:

- Registration/enrollment
- Grades
- Progress in course

ACCOUNT:

- Charges
- Payments

To the following individual(s) upon their request:

1. .... Printed name ..... Relationship to student

Address ..... Email .....

2. .... Printed name ..... Relationship to student

Address ..... Email .....

I understand that this information is considered a student education and/or financial record. Further, I understand that by signing this release, I am waiving my right to keep this information confidential under the Family Educational Rights and Privacy Act (FERPA). I certify that my consent for disclosure of this information is entirely voluntary. I understand this consent for disclosure of information can be revoked by me in writing at any time, but will not affect the information released under my previous consent. If I wish to make any changes to my consent for release, I understand I will need to complete and file a new form. The authorization on this form will supersede all prior authorizations for release of my information.

I wish to revoke all consent for release of information

Student's signature ..... Date .....

**For office use only**  
Initials \_\_\_\_\_  
Date \_\_\_\_\_