

Boise State University
IDLA Professional Education
 Registration Form

Spring
 Summer
 Fall Yr. _____
 Circle One

PLEASE PRINT

Student ID Number										Last Name										First Name										Middle Name																													
Social Security Number										Street										City										State										Zip										Date of Birth									
Work Phone No.										Home Phone No.										E-mail Address										M										F																			

MUST PROVIDE:

Admission Information for Graduate Students (no application fee)

- Are you a **US CITIZEN** YES _____ NO _____
- Have you attended Boise State University previously: Yes: _____ No _____
- Highest degree held (B.A., B.S., M.A.): _____ Date degree was awarded: _____
- College or University awarding the degree: _____
- City and State of awarding institution: _____

REGISTRATION OPTIONS

- | | |
|--|--|
| <ol style="list-style-type: none"> Complete and mail the registration form with a check made out to:
 Boise State University
 in the amount of \$60.00 to the following address:
 Boise State University
 Division of Extended Studies
 1910 University Drive
 Boise, ID 83725-1120 | <ol style="list-style-type: none"> Fax the form without payment to (208)426-5621 Email the form without payment to: estellus@boisestate.edu |
|--|--|

If you use option 2 or 3 to register you will receive an Email message from Extended Studies notifying you how to pay for the class.

Registration Request

Subject	Cat. No.	Sec. No.	Title	Credits
	553			1
	553			1

Signature _____ Date _____