

☆ = Required Information

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																													
Last 4 Digits of SS Number										Street										City										State										Zip										Date of Birth (Required)									
☆																																				☆																							
Work Phone No. (Required)										Home Phone No.										E-mail Address (Required)										M										F																			
☆																				☆																																							

MUST PROVIDE:

Admission Information for Graduate Students (no application fee)

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

REGISTRATION OPTIONS

- | | |
|--|--|
| 1. Complete and mail the registration form with a check made out to:
<u>Boise State University</u> (\$60.00 per credit)
To the following address:
Boise State University
Division of Extended Studies
1910 University Drive
Boise, ID 83725-1120 | 2. Fax the form <u>without payment</u> to (208)426-5621

3. Email the form <u>without payment</u> 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			

Signature _____ Date _____

****Your signature authorizes Boise State University to register you in this class.****

Transcript and District Information

Boise State will send one official transcript free of charge, at the end of the semester, to the school district you select below:

Boise School District: _____
Caldwell School District: _____
Meridian School District: _____
Nampa School District: _____
Valivue School District: _____
Other School District: _____

****Signature required for Boise State to release your transcript****