

☆ = 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

- | | |
|---|---|
| <p>1. Complete and mail the registration form with a check made out to:
 Boise State University (\$60.00 per credit)
 To the following address:
 Boise State University
 Division of Extended Studies
 1910 University Drive
 Boise, ID 83725-1120</p> | <p>2. Fax the form without payment to (208)426-5621</p> <p>3. Email the form without payment to: estellus@boisestate.edu</p> |
|---|---|

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****