

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

Legai Name				Other names	s (e.g. maiden))	
Street or P.O. Box .	Last	First	Middle	Birthdate (mo	onth/day/year))	
City		State	Zip	Email			
Country				Phone			
•				Ul Vandal Nu			
	·	_	,		, , ,	,	
Using Veterans Bei	nefits to pa	y for the course?	: Yes No	Gender	Female	∐ Male	
Have you ever atte	nded: 🔲 IS	I ☐University o	f Idaho □Lewis-Clari	k State College Ida	ho State Univ	ersity DE	Boise State University
Allow five business	days for re	gistration confirr	mation and course info	ormation email. Confirr	mation via mai	il by reque	st (allow 3 weeks).
Course	Number		Course	Title		Credits	Fees
						x \$160	\$
						x \$160	\$
						x \$160	\$
				Add \$30 admin			\$
<u> </u>					Т	otal due	\$
It is recommended that university students secure signature approval from their academic adviser before registration to ensure ISI college credits apply to their degree. University of Idaho degree-seeking students are required to obtain this signature approval per the University of Idaho catalog, section B-4. Most colleges and universities have transfer credit limitations. Credits earned for ISI courses are included in the transcript of the course sponsoring institution (UI, LCSC, or ISU). Students should contact their school's Registrar to learn how ISI credits are transferred to their institution.							
Adviser's signature	Adviser's signature						
STUDENT SOCIAL SECURITY NUMBER(required by IRS for 1098T tax reporting of education expenses.)							
PAYMENT INFORMATION (Payment is required at registration. Make check payable to UI Bursar)							
☐ Check # ☐ Money Order ☐ Tuition voucher amount ☐ Cash (walk-in only)							
☐ Visa ☐ Mastercard ☐ Discover Credit card #							
Expiration dateAmount authorized							
Name of cardholderPhone							
Billing address	Billing address						
If under 18 years	If under 18 years of age, parent or guardian signature						

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

STUDENTS UNDER 16 YEARS OF AGE

Students under 16 years of age at the time of registration must submit a separate Parental Permission Form indicating parental certification of student's college readiness. Please contact ISI at indepst@uidaho.edu to receive a copy of this 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 prograr	n?	What is your purpose in enrolling?		
Adviser		☐ Earn credit for degree/diploma		
Personal referral		☐ Earn credit for certification/recertification		
□Website		☐ Earn credit for library science certification		
U.S. military		☐ Meet admission requirements		
☐ Catalog/print advertising		☐ Professional development		
☐ Conference/education fair		☐ Personal enrichment		
Other		Other		
RELEASE OF INFORMATION	(Optional) (Please prin	t.)		
l,		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 thei	r request (please print)):		
1. Name		Relationship		
Street address		Email		
City, State, Zip Code		Phone number		
2. Name		Relationship		
		·		
Street address		Email		
City, State, Zip Code		Phone number		
release I am waiving my right to keep t certify that my consent for disclosure o be revoked by me in writing at any time	his information confide f this information is ent e, but will not affect the nderstand I will need to	acation and/or financial record. Further, I understand that by signing this ential under the Family Educational Rights and Privacy Act (FERPA). I tirely voluntary. I understand this consent for disclosure of information can information released under my previous consent. If I wish to make any o complete and file a new form. The authorization on this form will on.		
☐ I wish to revoke all consent for relea	ase of information			
Otania atta ai anatama		Data		

PROCTOR/EXAM REQUEST FORM



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Please review the policies regarding proctor selection and responsibilities below before completing the back of this form.

INDEPENDENT STUDY IN IDAHO EXAM AND PROCTOR POLICIES

All ISI exams require a proctor unless the course indicates that an exam is to be self-administered. Each course requires a separate Proctor/Exam Request Form.

RESPONSIBILITIES OF THE STUDENT

Students are responsible for finding a qualified person to supervise the exam process, proctor exams and return completed exams to ISI. It is the student's responsibility to provide his/her contact information to the proctor, make exam arrangements and notify the proctor of changes. The student must show government issued picture identification to the proctor before taking an exam (student ID cards are not acceptable). The student is required to follow guidelines outlined in the Course Rules posted on the course BbLearn website.

PROCTOR SELECTION AND REQUIREMENTS

Selection of an independent, non-biased proctor protects the student from allegations of academic dishonesty and maintains the standards of the region's accrediting agency. Proctor selection is subject to approval by ISI and the course instructor, and is monitored throughout the duration of the course. *Independent Study in Idaho reserves the right to ask the student to select a new proctor at any time*.

ALL exams for most courses will be sent at the same time, unless otherwise directed in the Course Rules. All exams are paper based. **Graded exams are not returned to the student.**

Students must recruit a proctor who will:

- Receive all exams directly from ISI and store them in a secure location
- Supervise the exam process in an educational setting or library
- · Monitor the student for the duration of the exam
- · Return each exam and completed Proctor Instruction Letter to ISI within one week of the exam being completed
- Follow ISI policies throughout the exam process to ensure academic integrity

UNACCEPTABLE PROCTORS

- Friends, family members or members of the same household
- · Personal or educational mentors, tutors or advisers
- · Coworkers, including employers/supervisors
- Athletic coaches, assistant coaches or athletic administrators
- · Substitute teachers, retired teachers or current students
- · Anyone who does not have a professional email address (Gmail, Hotmail, Yahoo, etc. are unacceptable)

ACCEPTABLE PROCTORS

- · College/university/K-12 administrators, or instructors
- Official testing center at a college/university
- Educational officers of a corporation, military installation, or correctional facility
- Certified librarians at a library, college/university, or school
- Follow this link to locate a possible proctoring site in 45 state and 3 countries: http://www.ncta-testing.org/cctc/find.php

J	I certify that I do NO	T have any of the ${\sf r}$	elationships with	the proctor as	specified in the '	'Unacceptable Proctors'	' criteria above.

I certify that I have talked/met with the proctor and he/she has agreed to proctor my exams for the course(s) listed on the reverse side
of this form.

Student signature	Date

PROCTOR/EXAM REQUEST FORM

Submit the completed Proctor/Exam Request Form to the ISI office by mail, fax or online **at least TWO weeks prior to scheduling the first exam** to allow time for processing, delivery. Once your proctor information has been processed, ISI will deliver your course exams directly to the proctor. **Exams will not be delivered to residential addresses.**

STUDENT INFORMATION	(Please print.)	
Student name		V number
Street (or P.O. Box)		Daytime phone
City		Course subjects and numbers
StateZip	Country	
Email		
PROCTOR INFORMATION	N (Please print.)	
Proctor name		Work title
Educational institution name		Daytime phone
Street		Website
City		Workemail
StateZipZ	Country	
Relationship to student		
Number of years known		
Proctor supervisor's name		
Supervisor's email/phone		
	dress below if it is different from the mailing	g address:
Additional notes		
	proctored exams must be administered	in an educational setting.
FOR OFFICE USE ONLY		
STUDENT INFO	PROCTOR INFO Onfile	PROCESSING
☐ Phone	Name on business website	☐ Emailed proctor
□ Email	□ Address	Response by 8 am
	☐ Work email	
City ST	☐ Workphone	EMAIL RESPONSE
City, ST		Part 1 #
□ Need infoupdate		Part 2 #1 □ Print #2 □ PDF
□ Rcvd		Date sent
Date		



CONSENT OF RELEASE OF STUDENT INFORMATION

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Le	gal name	Last	First	Birt Middle	thdate
UI	Student ID/ V r	number (if applicable).			
The	ereby authorize	ISI to release the follo	wing information abou	ıt me:	
Ch	eck all that app	ly:			
	ACADEMIC:				
	☐ Registration	on/enrollment	☐ Grades	☐ Progress in cou	urse
	ACCOUNT:				
	☐ Charges		☐ Payments		
То	the following in	ndividual(s) upon their	request (please print	t):	
1.	Name				Relationship
	Street addres	s			Email
	City, State, Z	p Code			Phone number
2.	Name				Relationship
	Street addres	s			Email
	City, State, Z	ip Code			Phone number
l c w	am waiving my consent for discloviting at any tim	right to keep this info osure of this information ie, but will not affect the stand I will need to co	rmation confidential u on is entirely voluntary ne information release	nder the Family Educational r. I understand this consent for ed under my previous consen	d. Further, I understand that by signing this release, Rights and Privacy Act (FERPA). I certify that my disclosure of information can be revoked by me in t. If I wish to make any changes to my consent for a this form will supersede all prior authorizations
	☐ I wish to r	evoke all consent for r	release of information		
S	Student's signat	ure			Date