



**Idaho State
University**



College of Southern Idaho - Idaho State University Co-Admission and Co-Enrollment Participation Form

Name: _____
Last First Middle

Preferred Email: _____

Student ID: _____ Date of Birth: _____

I understand I must meet the admission requirements at College of Southern Idaho (CSI) and Idaho State University (ISU) in order to participate in co-admission and co-enrollment. I grant permission to the personnel at CSI and ISU to share my academic information including, but not limited to, current and future enrollment status, academic transcripts, and academic standing.

Student Signature

Date

Please return this form to one of the offices below.

College of Southern Idaho
Admissions Office
PO Box 1238
Twin Falls, ID 83303
admissions@csi.edu
(208) 732-6284

Idaho State University
Admissions Office
921 S. 8th Ave. Stop 8011
Pocatello, ID 83209
admiss@isu.edu
(208) 282-2123

For office use only

CSI SID: _____

ISU SID: _____