

BYUH APPLICATION FORM FOR **ITEP** STUDENTS

“Fields indicated with an asterisk (*) are required”

Application for Admission for ITEP

*** Legal Name:**

(Name used for payroll)

Surname (Family Name) First (Given Name) Middle Maiden Name

*** Current Mailing Address:**

Street or P.O.Box _____

City _____ Country _____

Telephone: () _____ BYU ID#: _____ U.S Social Security Number: _____
(If applicable)

*** If attended CCH or BYUH in the past, what name did you use as a student or are you known by any other name?**

Surname (Family Name) First (Given Name) Middle Maiden Name

*** Birth Date:** _____ / _____ / _____ **Place of Birth:** _____
Month Day Year City Country

Name of Father: _____ Name of Spouse: _____

(THE FOLLOWING INFORMATION IS FOR GOVERNMENT AND INSTITUTIONAL STATISTICAL RESEARCH (please check all appropriate boxes).

- American Indian or Alaskan Native Hawaiian/Part Hawaiian White/Non-Hispanic
- Asian-Oriental Hispanic Other
- Black/Non-Hispanic Pacific Islander

- Male Female Married Single LDS Non LDS

List the high School from which you graduated. List all colleges and universities attended, beginning with the institution last attended, including BYU Hawaii.

Institution	Location Country	Attendance Dates		Graduation Date	Degree earned or Anticipated	Semester Hrs. Completed
		From	To			
High School		From	To			
Colleges and Universities		From	To			
		From	To			
		From	To			

I agree that the university may obtain confidential recommendations from church leaders and high school counselors concerning my application for admission and hereby waive any right I may have under university policies or federal or state laws to examine confidential recommendations received by the university. I also agree to hereby certify that all statements in this application are complete and true. I understand that this application may not be processed if any information is missing.
 “I certify that statements in this application are complete and true and acknowledge that my admission and continuing status at BYUH are conditional on such completeness and truthfulness.”

*** SIGNATURE OF APPLICANT:** _____ *** DATE:** _____

Failure to answer these questions or to provide a letter of explanation will leave your application incomplete and prevent it from being processed.

- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| 1. Are you currently excommunicated or disfellowshipped from or on probation with or have you had your name removed from the records of the Church of Jesus Christ of Latter-day Saints? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you currently on probation, parole, or under restriction with any court, or have you ever been convicted of a crime (other than a traffic violation)? If yes, please provide a letter of explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has academic or disciplinary action been taken against you at any institution you have attended, including Brigham Young University Hawaii? If yes, please include a letter of explanation. | <input type="checkbox"/> | <input type="checkbox"/> |

The following information will be used to assess your needs for specialized facilities or programs.

- | | | |
|---|--------------------------|--------------------------|
| 4. Have you received treatment for a nervous, emotional or mental condition?
(if former student, since last attending) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have any visual or hearing impairments, physical handicaps, illness or injury which might require special consideration from the university or for which you are currently under a physician's? | <input type="checkbox"/> | <input type="checkbox"/> |

I agree that the university may obtain confidential recommendations from church leaders and high school counselors concerning my application for admission and hereby waive any right I may have under university policies or federal or state laws to examine confidential recommendations received by the university. I also agree to allow the university to supply information relative to my BYUH academic or financial records to appropriate federal/state agencies or parents/guardians when needed. I hereby certify that all statements in this application are complete and true. I understand that this application may not be processed if any information is missing.

"I certify that all statements in this application are complete and true and acknowledge that my admission and continuing status at BYUH are conditional on such completeness and truthfulness."

* SIGNATURE OF APPLICANT _____ * Date _____