

BYUH APPLICATION FORM FOR ITEP STUDENTS

Fields indicated with an asterisk (*) are required

Application for Admission to ITEP

*Legal Name:						
		Surname (Family Name)	First (Given Name)	Middle Maiden Name		
*Current Mailing Address:						
		Street or P.O. Box	City	Country		
Male		Female		Married		
				Single		
				LDS		
				Non LDS		
Telephone		BYUH 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						
		Month/Day/Year	Place of Birth (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			Black/Non-Hispanic			
Pacific Islander			Other			
1). List the high school from which you graduated. 2). List all colleges and universities attended, beginning with the institution last attended, including BYU Hawaii. 3) List ITEP start date (term/year)						
Institution	Location	Country	Attendance Dates From To	Graduated?	Degree earned or Anticipated	Semester Hours Completed

Failure to answer these questions or to provide a letter of explanation will leave your application incomplete and prevent it from being processed.		Yes	No
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?			
2. Are you currently on probation, parole, or under restriction with any court, or have you even been convicted of a crime (other than a traffic violation)? If yes, please provide a letter of explanation.			
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.			
The following information will be used to assess your needs for specialized facilities or program.			
4. Have you received treatment for a nervous, emotional or mental condition? (if former student, since last attending)			
5. Do you have any visual or hearing impairment, physical handicaps, illness or injury which might require special consideration from the university or for which you are currently under a physician's care?			
I agree that the university may obtain confidential recommendations from church leaders and high school counselors concerning my application for admission and hereby waive my 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	