



**University of Idaho  
Center on Disabilities and Human Development**

**Returning Trainee Application**

**TRAINEE INFORMATION**

Last Name:		First:		M.I.:		Date:	
Street Address:					Apartment/Unit #:		
City:				State:			ZIP:
Phone:			E-mail Address:				
Alternative E-mail Address:							
Date Available:							
Position Applying For:							
Current Year & Field of Study:							
Eligible for Work-study?	<input type="checkbox"/> Yes	<input type="checkbox"/> No					

**EDUCATION**

College:		Expected graduation date:	
Degree:			
Graduate School:		Expected graduation date:	
Degree:			

**AVAILABILITY (Tentative)**

Monday	Tuesday	Wednesday	Thursday	Friday

<b>Tentative Start Date:</b>	
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Please provide the following:

- Self-Reflection essay
- Professional Development Tracking Form
- Unofficial copy of your transcripts