

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

**Returning Trainee Application**

<b>TRAINEE INFORMATION</b>												
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										

<b>EDUCATION</b>											
College:					Expected graduation date:						
Degree:											
Graduate School:					Expected graduation date:						
Degree:											

**AVAILABILITY (Tentative)**

Monday	Tuesday	Wednesday	Thursday	Friday

<b>Tentative Start Date:</b>	
------------------------------	--

Please provide the following:

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