



SPECIAL GRADUATE APPLICATION

Division of Professional Development

College of Education and Human Services

WRIGHT STATE UNIVERSITY

PLEASE TYPE OR PRINT

AND REGISTRATION FORM

Please mark which quarter you are enrolling:

- Fall Quarter Spring Quarter
 Winter Quarter Summer Quarter

This form may not be used to register for regular graduate courses. For registration and advising, call the Division of Professional Development at (937) 775-2250.

(INCOMPLETE FORMS WILL DELAY PROCESSING)

1 Personal Information	Last name		First name		MI	Maiden name		
	Social Security number OR UID Number			Gender		Marital status		
	<input type="text"/>			Male <input type="checkbox"/>	Female <input type="checkbox"/>	Single <input type="checkbox"/>	Married <input type="checkbox"/>	
	Home address: Street		City	State	Zip Code	County		
	Date of birth (month/day/year)		Home phone	Business phone		E-mail address		
<input type="text"/> - <input type="text"/> - <input type="text"/>		()	()					
2 Educational Information	U.S. citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		If no, specify country	Visa type?	Exp. date	Ethnic background (please check one or more)		
						<input type="checkbox"/> White	<input type="checkbox"/> Black/African American	
						<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> American Indian/Alaskan Native	
						<input type="checkbox"/> Asian		
						Race (please check one)		
						<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Non-Hispanic/Non-Latino	

Highest Degree Awarded	Year Awarded	Institution awarding highest degree:	
	<input type="text"/>	Name	City State
Most recent attendance at Wright State University		NOTE: A \$10 application fee will be assessed with other fees. The \$10 fee is payable once on the undergraduate level and once on the graduate level.	
Month / Year		Please indicate with an "X" if you do not want	
<input type="checkbox"/> Undergraduate	<input type="text"/>	<input type="checkbox"/> to be billed for student insurance	
<input type="checkbox"/> Graduate	<input type="text"/>		
<input type="checkbox"/> Never	<input type="text"/>		

3 Ohio Residency	4 Class/Workshop Selection																																																																			
<p>For the purpose of determining fees, students are classified as Ohio or non-Ohio residents. Please check one of the following which applies to your residency status.</p> <p><input type="checkbox"/> I do not reside in Ohio (nonresident).</p> <p><input type="checkbox"/> Yes, I reside and am gainfully employed on a self-sustaining basis in Ohio and wish to pursue a part-time program.</p> <p><input type="checkbox"/> Yes, I am on active duty in the United States military service and am stationed and residing in Ohio, or I am a dependent of such a person.</p> <p><input type="checkbox"/> Yes, I have lived in Ohio for at least 12 consecutive months prior to this enrollment and am not receiving financial support from non-Ohio residents.</p> <p><input type="checkbox"/> Yes, I am a dependent student with at least one parent or guardian residing in Ohio for at least 12 consecutive months prior to this enrollment.</p> <p>Registration Agreement and Promise to Pay By signing this agreement with Wright State University, I am requesting to be registered for classes and promise to assume financial responsibility for the payment of all my education-related charges and fees associated with my student account and to pay those charges when due. In the event my account becomes past due, I acknowledge that a registration and transcript hold will be placed on my account and my account may be reported to the credit bureau and referred to the State of Ohio Attorney General's Office for collection. I agree to pay all late fees, collection costs, and attorney fees related to the collection of my account.</p>	<table border="1"> <thead> <tr> <th rowspan="2">Dept.</th> <th rowspan="2">Course number</th> <th rowspan="2">Section number</th> <th rowspan="2">Credit option (mark one)</th> <th rowspan="2">Credit hours</th> <th colspan="2">In-State per Credit Hour</th> <th colspan="2">Out-of-State per Credit Hour</th> </tr> <tr> <th>UG</th> <th>GR</th> <th>UG</th> <th>GR</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Credit <input type="checkbox"/> Audit</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Credit <input type="checkbox"/> Audit</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Credit <input type="checkbox"/> Audit</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Credit <input type="checkbox"/> Audit</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Non Credit</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Non Credit</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>UG=Undergraduate GR=Graduate</p> <p style="text-align: right;">\$ \$ Total Fees \$</p>	Dept.	Course number	Section number	Credit option (mark one)	Credit hours	In-State per Credit Hour		Out-of-State per Credit Hour		UG	GR	UG	GR				<input type="checkbox"/> Credit <input type="checkbox"/> Audit									<input type="checkbox"/> Credit <input type="checkbox"/> Audit									<input type="checkbox"/> Credit <input type="checkbox"/> Audit									<input type="checkbox"/> Credit <input type="checkbox"/> Audit									<input type="checkbox"/> Non Credit									<input type="checkbox"/> Non Credit					
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Signature _____ Date _____

5a Make checks payable to Wright State University
 Mail to: DPD Workshops
 3640 Colonel Glenn Hwy.
 Dayton, OH 45435-0001
 (937) 775-4855 fax

Name _____
 UID or SS# _____
 Check or Money Order # _____