WRIGHT STATE UNIVERSITY

SPECIAL GRADUATE APPLICATION AND REGISTRATION FORM

Division of Professional Development

College of Education and Human Services

PLEASE TYPE OR PRINT

(INCOMPLETE FORMS WILL DELAY PROCESSING)

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.

1 Personal Information

Last name | First name | MI | Maiden name

Social Security number

Gender: Male ☐ Female ☐

Marital status: Single ☐ Married ☐

Home address: Street | City | State | Zip Code | County

Date of birth (month/day/year) | Home phone ( ) | Business phone ( ) | E-mail address

U.S. citizen? Yes ☐ No ☐ | If no, specify country | Visa type? | Exp. date

Ethnic background (please check one)

☐ Hispanic ☐ African American
☐ American Indian ☐ White
☐ Asian/Pacific Islander ☐ Other

2 Educational Information

Highest Degree Awarded | Year Awarded

Institution awarding highest degree: Name | City | State

Most recent attendance at Wright State University (Month / Year)

☐ Undergraduate _____
☐ Graduate _____
☐ Never

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.

Please indicate with an "X" if you do not want

☐ to be billed for student insurance

3 Ohio Residency

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.

☐ I do **not** reside in Ohio (nonresident).

☐ I **reside** and am gainfully employed on a self-sustaining basis **in Ohio** and wish to pursue a part-time program.

☐ I am on active duty in the United States military and am stationed and residing **in Ohio**, or I am a dependent of such a person.

☐ 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.

☐ 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.

I certify that to the best of my knowledge the information given above is **true** and **accurate**. I understand that misrepresentation of facts on this application will be cause for refusal of admission, cancellation of registration, or dismissal from the university.

Signature | Date

Ohio law requires that non-resident fees be assessed to male Ohio students who are between the ages of 18 and 25 and have not registered with Selective Service.

4 Class/Workshop Selection

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
			☐ Credit ☐ Audit					
			☐ Credit ☐ Audit					
			☐ Credit ☐ Audit					
			☐ Credit ☐ Audit					
			☐ Non Credit					
			☐ Non Credit					
					$		$	

UG=Undergraduate
GR=Graduate

Total Fees $

5a

Make checks payable to Wright State University

Mail to: DPD Workshops
3640 Colonel Glenn Hwy.
Dayton, OH 45435-0001

Fax : (937) 775-4855

5b Credit Card

Charge Card Number

Please check one: Discover ☐ VISA ☐ MasterCard ☐

Card Expiration Date

Social Security Number

Amount to be paid $

Print your name as it appears on your card

I hereby agree to pay the sum set forth above to the bank which issued my card in accordance with the terms of the credit card for the purchase of goods and services.

Signature | Date

Authorization

Bursar