



WRIGHT STATE UNIVERSITY
PLEASE TYPE OR PRINT

SPECIAL GRADUATE APPLICATION AND REGISTRATION FORM

Division of Professional Development
College of Education and Human Services

This form may not be used to register for regular graduate courses. Questions regarding registration, call the Lake Campus Registrar at 1-800-237-1477, x8324

(INCOMPLETE FORMS WILL DELAY PROCESSING)

Summer Quarter 2009

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

2 Educational Information	
Highest Degree Awarded	Year Awarded <input type="text"/>
Institution awarding highest degree: Name City State	
Most recent attendance at Wright State University Month / Year <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Never	NOTE: A \$10 fee is assessed if you have never attended Wright State University at the graduate level. Please indicate with an "X" if you do not want <input type="checkbox"/> 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 which of the following applies to your residency status.
<input type="checkbox"/> I do not reside in Ohio (nonresident). <input type="checkbox"/> I reside and am gainfully employed on a self-sustaining basis in Ohio and wish to pursue a part-time program. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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 nonresident 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																																																																																										
<table border="1"> <thead> <tr> <th>CRN</th> <th>Dept.</th> <th>Course number</th> <th>Section number</th> <th>Credit option (mark one)</th> <th>Credit hours</th> <th>In-State CH</th> <th>NC</th> <th>Out-of-State CH</th> <th>NC</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Credit <input type="checkbox"/> NC</td> <td></td> <td>\$322</td> <td>\$70</td> <td>\$548</td> <td>\$70</td> </tr> <tr> <td>Ex: 12345</td> <td>ED</td> <td>670</td> <td>W89</td> <td><input type="checkbox"/> Credit <input type="checkbox"/> NC</td> <td>1</td> <td>322</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Credit <input type="checkbox"/> NC</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Credit <input type="checkbox"/> NC</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Credit <input type="checkbox"/> NC</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="6">\$5 parking fee</td> <td>\$5</td> <td>\$5</td> <td>\$5</td> <td>\$5</td> </tr> <tr> <td colspan="6">\$10 fee (if never attended WSU - for credit only)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="6">NC=Non Credit CH=Credit Hour</td> <td colspan="4">Total Fees \$</td> </tr> </tbody> </table>	CRN	Dept.	Course number	Section number	Credit option (mark one)	Credit hours	In-State CH	NC	Out-of-State CH	NC					<input type="checkbox"/> Credit <input type="checkbox"/> NC		\$322	\$70	\$548	\$70	Ex: 12345	ED	670	W89	<input type="checkbox"/> Credit <input type="checkbox"/> NC	1	322								<input type="checkbox"/> Credit <input type="checkbox"/> NC										<input type="checkbox"/> Credit <input type="checkbox"/> NC										<input type="checkbox"/> Credit <input type="checkbox"/> NC						\$5 parking fee						\$5	\$5	\$5	\$5	\$10 fee (if never attended WSU - for credit only)										NC=Non Credit CH=Credit Hour						Total Fees \$			
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5 Make checks payable to Wright State University
Mail to: Summer Teacher Institute ATTN: Liane Muhlenkamp 7600 Lake Campus Drive Celina, Ohio 45822-2952 1-800-237-1477

Name _____

UID or SS# _____

Check or Money Order # _____

I will need a receipt for my workshop. Yes No