



Special Graduate Application And Registration Form

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

Division of Professional Development
College of Education and Human Services and
WSU Lake Campus

PLEASE TYPE OR PRINT
(INCOMPLETE FORMS WILL DELAY PROCESSING)

PLEASE MARK WHICH QUARTER YOU ARE ENROLLING:
 FALL QUARTER SPRING QUARTER
 WINTER QUARTER SUMMER QUARTER

1. PERSONAL INFORMATION

Last Name		First Name		MI		Maiden Name	
Social Security Number OR WSU University ID Number (preferred)				Gender		Marital Status	
<input style="width:100%;" type="text"/>				Female <input type="checkbox"/>	Male <input type="checkbox"/>	Single <input type="checkbox"/>	Married <input type="checkbox"/>
Home Address: Street		City		State		Zip Code	
Date of Birth	(Month/Day/Year)	Home Phone		Business Phone		Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
US Citizen?	If No, Specify Country	Visa Type?	Exp. Date?	Ethnic Background (information is strictly voluntary and used only in reports to the federal government, please check one or more.)			
Yes <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Caucasian <input type="checkbox"/> Black/African American RACE (Please check one) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Asian			

2. EDUCATIONAL INFORMATION

Highest Degree Awarded	Year Awarded	Institution Awarding Highest Degree (Name, City, State):
<input type="text"/>	<input type="text"/>	<input type="text"/>
Most Recent Attendance at Wright State University		NOTE: A \$10 Application Fee will be assessed with other fees. The \$10 fee is payable once at the undergraduate level and once at the graduate level. <input type="checkbox"/> Please Indicate with an "X" if you do not want to be billed for student insurance.
Month/Year		
Undergraduate	<input type="text"/>	
Graduate	<input type="text"/>	
Never	<input type="text"/>	

3. OHIO RESIDENCY

For the purpose of determining fees, students are classified as Ohio or non-Ohio residents. Please check one of the following that applies to your residency status.

- I do NOT reside in Ohio (nonresident).
- Yes, I reside and am gainfully employed on a self-sustaining basis in Ohio and wish to pursue a part-time program.
- Yes, I am on active duty in the United States military and I am stationed and residing in Ohio, or I am a dependent of such person.
- 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.
- 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.

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 bureaus 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.

Signature _____ Date _____

4. CLASS/WORKSHOP SELECTION

Dept./ Number	CRN # (in red)	Section Number	Credit Option (Choose One)		Credit Hours	In-State per Credit Hour		Out-of-State per Credit Hour	
			Credit	Audit (Non Credit)		Credit= \$347	Audit= \$70	Credit= \$592	Audit= \$70
Lab Fee [FOR CRN #46397, 50161, 50360 ONLY; see course listings]									
Parking Fee per registrant (non-negotiable)						\$5	\$5	\$5	\$5
Add \$10 Fee (if never attended WSU - for credit only)									
						Total Fees \$			

5. PAYMENT

Make checks payable to Wright State University

Mail to: Summer Teacher Institute
 ATTN: Liane Muhlenkamp
 7600 Lake Campus Drive
 Celina, OH 45822-2952

NAME _____
 UID or SS# _____
 CHECK OR MONEY ORDER # _____

I will need a receipt for my workshop. Yes No

PLEASE NOTE: In order to receive a refund, you must process your withdrawal 24-hours prior to the first day of the scheduled session.