



**WRIGHT STATE  
UNIVERSITY**

**Non Academic Petition Form  
Wright State University  
Criminal/Disciplinary  
Information Form**

**Office of Admissions**  
E 148 Student Union  
3640 Colonel Glenn Hwy.  
Dayton, OH 45435-0001  
(937) 775-5700  
1-800-247-1770

Dear Prospective Student,

You have indicated that you were either convicted of a felony or dismissed from an educational institution for disciplinary reasons on your admissions application. In accordance with the University's Admissions Review Protocol, you will need to provide the information requested below. Please provide complete answers to all relevant questions. You may attach additional pages if necessary and return the requested information/documentation to the Office of Undergraduate Admissions by the petition deadline: **Fall Semester: August 1, Spring Semester: December 1, and Summer Semester: April 1.** The information provided will be reviewed by a committee of University Officials to determine an appropriate recommendation regarding your admission to the University. If you have further questions, please call the Office of Community Standards and Student Conduct at 937-775-4240.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ UID: \_\_\_\_\_

1. Please list all convictions of any felony(s) for which you were found guilty. Include the date of conviction, the degree of the felony (F1-F5) and any sentence you may have received (i.e. incarceration, probation, etc...) and/or current conditions related to your conviction.
2. Please list all violations/reasons for your disciplinary dismissal from your previous educational institution (including High School disciplinary action if applicable). Include the date of your suspension/dismissal and the reasons for the action taken by the institution.
3. Please list all programs/certifications you may have completed/earned related to your conviction or dismissal.

Dismissal/Expulsion/ Felony	Date of Action	Sanctions

Length of time elapsed since your most recent incident: Months/Year \_\_\_\_\_

Please provide a detailed description of each incident with supporting documentation. (Court Records, Police Reports, Etc.)

\_\_\_\_\_

List any programs/certifications completed during or since incarceration/dismissal/expulsion:

\_\_\_\_\_

\_\_\_\_\_

Name of Probation/Parole Officer(s)	Department/City/County	Phone Number

I am requesting to live on campus if I am admitted? (Please circle) Yes / No

Is there any additional information you would like the committee to consider?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**WRIGHT STATE  
UNIVERSITY**

**AUTHORIZATION FOR RELEASE OF  
INFORMATION**

**Office of Admissions**  
E 148 Student Union  
3640 Colonel Glenn Hwy.  
Dayton, OH 45435-0001  
(937) 775-5700  
1-800-247-1770

I, the below identified person, do hereby release the following records and/or information described below. My authorization to release includes the categories I have **initialed**.

All Disciplinary  
Information \_\_\_\_\_

Mental Health  
Treatment \_\_\_\_\_

Drug and/or Alcohol  
Treatment and/or Assessment \_\_\_\_\_

RECORDS TO BE RELEASED TO:

TO BE EXCHANGED:

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that this release will include information I **initialed** below.

- \_\_\_\_\_ All Disciplinary Information
- \_\_\_\_\_ Assessment Information
- \_\_\_\_\_ All Treatment Recommendations
- \_\_\_\_\_ Results of Psychological Testing
- \_\_\_\_\_ Discharge Summary
- \_\_\_\_\_ Psychiatric Evaluation

- \_\_\_\_\_ Medication History
- \_\_\_\_\_ Diagnosis
- \_\_\_\_\_ Treatment Progress
- \_\_\_\_\_ Progress Notes
- \_\_\_\_\_ Drug Screen Results
- \_\_\_\_\_ Other \_\_\_\_\_

This information may be transmitted by mail, by fax, in person or verbally.

**THIS AUTHORIZATION WILL REMAIN IN EFFECT FOR THE ACADEMIC YEAR UNLESS I SPECIFY AN EARLIER EXPIRATION IN THIS SPACE.** \_\_\_\_\_

Students Name: \_\_\_\_\_

Student Social Security Number: \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Staff Person Facilitating Request

\_\_\_\_\_  
Signature of Staff Person Facilitating Request

\_\_\_\_\_  
Date

I understand that this authorization may be withdrawn at any time in writing except to the extent that action has been taken.