



**WRIGHT STATE
UNIVERSITY**

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

Office of Admissions
3640 Colonel Glenn Hwy.
Dayton, OH 45435-0001
(937) 775-5700
1-800-247-1770
Fax (937) 775-4410

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 15, and Summer Semester: April 15**. 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?



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.