



Undergraduate Non-Degree Student Application and Registration Form

RaiderConnect
3640 Colonel Glenn Hwy.
Dayton, OH 45435-0001
(937) 775-4000
FAX: (937) 775-5597
RaiderConnect@wright.edu

A \$10 application fee will be assessed with other fees.
Return this form to RaiderConnect

For academic advising, call the Transfer and Nontraditional student center at (937) 775-4830 or email transfer@wright.edu. You must be a degree student to qualify for federal student aid programs.

Indicate semester and year for which you wish to register: Fall Spring Summer Year _____

Last Name		First Name		Middle Name	Previous Name(s)
Street Address					
City	State	Zip		Ohio County of Residence:	
Home Phone		Cell Phone		<input type="checkbox"/> Montgomery <input type="checkbox"/> Greene <input type="checkbox"/> Clark <input type="checkbox"/> Mercer <input type="checkbox"/> Miami <input type="checkbox"/> Warren <input type="checkbox"/> _____	
Email Address				Social Security Number	
Month/Day/Year of Birth				Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
				Wright State University ID (UID) if known	

Ethnicity (optional): Are you Hispanic or Latino? Yes No
Race (optional) check all that apply: Black or African American American Indian/Alaskan Native Asian Native Hawaiian/Other Pacific Islander White

Educational Information:

Have you ever attended Wright State University? Yes No

High school attended	City/State	Year of graduation	<input type="checkbox"/> Still attending
Last college attended/College awarding degree	City/State	Degree awarded and year earned	
Was cumulative grade point average above 2.0 on a 4.0 point scale at your last college attended? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If not, you must contact the Office of Admissions, E148 Student Union, (937) 775-5700, before you register.			

Citizenship:

U.S. Citizen Permanent Resident (provide copy of form I-551)
 Nonimmigrant Ohio Resident (provide copy of I-797/I-94)
If not a U.S. Citizen, what visa type? _____ Date issued: _____ (provide copy)
International Students with F1 or J1 Visas must be cleared with the University Center for International Education (UCIE)

Ohio Residency*:

No I do not reside in Ohio
For the purpose of determining fees, students are classified as Ohio or non-Ohio residents. If you are a U.S. citizen and you can reply yes to any of the below statements, you may be considered a resident:
 Yes I have lived in Ohio for at least twelve 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 twelve consecutive months prior to this enrollment.
 Yes I am on active duty or a veteran of the United States military service and am stationed and residing in Ohio pursuant to [ORC 333.311](#) and [ORC 3333-1-10](#).
 Yes I am a qualified spouse/dependent of an active duty or veteran member of the United States military service stationed and residing in Ohio pursuant to [ORC 333.311](#) and [ORC 3333-1-10](#).

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 bureau 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.

Student Insurance: (must be checked if not desired)

I do not want to be billed for student insurance

Have you ever been convicted of a felony?

Yes No If yes, date of conviction: _____

Have you ever been dismissed for disciplinary or academic reasons from an academic institution?

Yes No If yes, date of dismissal: _____

Preferred Classes:

No.	Dept.	Course number	Section number	Credit
1				
2				
3				
4				
5				

Please select alternate classes should your preferred classes be closed.

Alternate Classes:

Alt. for above pref. No.	Enter alternate classes with corresponding line number for preferred classes				
	Dept.	Course numbe	Section number	Credit hours	Repeat-R* Audit-A*

*More information on Ways to Qualify for Ohio Residency can be found at: <https://policy.wright.edu/policy/3060-ohio-residency-policy>

Signature _____ Date _____