WRIGHT STATE UNIVERSITY

60 and Up Registration Activity Form

PLEASE PRINT CLEARLY

Year: _____

Term: ☐Fall ☐Spring ☐Summer

1. STUDENT INFORMATION

Last, First, MI	University ID Number	Phone Number	WSU Email Address
_____	_____	_____	_____

2. STUDENT ACKNOWLEDGEMENTS

☐ **Check if** you are dropping all classes and withdrawing from Wright State University

☐ **Check if** you do not want to be billed for Student Health Insurance

3. STUDENT REGISTRATION ACTIVITY REQUESTED

STUDENT - COURSE INFORMATION							WSU APPROVAL(S) – Online entry of approvals in Banner/WINGS Express is preferred										
							✓ Check all that apply										
Add	* Drop	CRN	Subj	Course	Section	# Cr Hrs	Instructor	Dept	Pre-Req	Co-Req	Audit	College	Program	Closed Class	Approver+ Printed Name(s) and Signature(s)	Date	Phone Ext
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*** A reduction in credits hours and/or withdrawing from courses may affect financial aid for eligible credit-seeking students.**

+ **Note to Approver(s):** Online entry of approvals in Banner/WINGS Express is preferred. Otherwise, be sure to check all appropriate permission box(es) and all appropriate approvers must sign the form to authorize registration. A check only in the instructor, department, or audit box will not authorize registration into a closed class.

College Approval to Exceed Max Credit Hours: _____ (>20 Undergraduate / >18 Graduate)

Printed Name and Signature

4. STUDENT REGISTRATION AGREEMENT, FINANCIAL AID AWARENESS, 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 any and all education-related charges and fees associated with my student account and to pay those charges when due. I also acknowledge that I am aware that changes in course registration (drop or add) may affect financial aid award if I am an eligible, credit-seeking student in the 60 and Up Program. 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 Signature **Date**

OFFICE USE

60 and Up Program Drop/Add or Withdrawal Procedures:

1. Consult Wings Express/class schedule to see if department or instructor approval is required for your registration or if the course has a prerequisite.
2. **If class is for audit, instructor signature is required**. (Audit/for-credit changes cannot be made after the first week of the semester or day 2 of a short term).
3. Closed class permission signatures MUST be dated and are valid for only 7 days. After day 7, a new form must be submitted.
4. If you register after the first week of a semester or after day two of a short term, the instructor's signature is required.