



Raider Connect
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 130 Student Union
 Dayton, OH 45435
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 raiderconnect@wright.edu

Inclusive Courseware Fee Opt-Out Form

Please print.

Student Name: _____

UID: U00 _____

In an effort to protect students and to ensure their best interest, the US Department of Education published 34CFR 668.161-167 that requires Wright State University to provide students the ability to opt-out of course fees associated with books and online access to course materials. This form provides you the ability to opt-out of Inclusive Courseware Fees for books and online access to course materials.

Complete the information below and return this form to RaiderConnect. Your student account will be adjusted for only the Inclusive Courseware Fees that you choose to opt-out. This form must be submitted to RaiderConnect before the end of the 100% refund period. Deadlines are published here: <http://www.wright.edu/raiderconnect/academic-calendar>

Please print.

Semester	Course Number	Section Number	Course Name	Courseware Fee Amount	Confirmation of Opt-Out (check box)
				\$	<input type="checkbox"/>
				\$	<input type="checkbox"/>
				\$	<input type="checkbox"/>
				\$	<input type="checkbox"/>
				\$	<input type="checkbox"/>
				\$	<input type="checkbox"/>
				\$	<input type="checkbox"/>
				\$	<input type="checkbox"/>

By completing this form, and checking the boxes above, I confirm that I am opting out of receiving the automatic delivery of textbooks and online access to course-related materials. I understand that by opting out of the Inclusive Courseware Fee that I will not be entitled to the automatic delivery of the associated textbook and online access to other course-related materials at the negotiated discount rate that other students receive by not opting out. I fully accept the responsibility to obtain these items on my own and understand that failure to do so may impede my ability to stay current in class and may affect my academic success.

Student Signature: _____ **Date:** _____

Opt-out Cancellation
 I have decided to rescind my original opt-out for the courseware fees listed above. I accept the responsibility to pay the courseware fees and other charges on my student account.
 Student Signature: _____
 Date: _____

RaiderConnect Staff Use Only:
 Date Received at RC: _____
 Staff Initials: _____
 Date Student Account Updated: _____
 Staff Initials: _____