

Veterans Enrollment Report

_____ Year 20____
 Semester _____

Major _____ UID _____

 Name (Last/First/Middle Initial)

 Address (Street and Number)

City _____ State _____ Zip _____

Home phone (____) _____ - _____ Alternate phone (____) _____ - _____ WSU email address _____@wright.edu

Check where appropriate (you can check multiple boxes):

New Students

- New Undergraduate Student
 Student SSN: _____ - _____ - _____
 Chapter 35 VA File #: _____ - _____ - _____
 New Graduate Student
 Student SSN: _____ - _____ - _____
 Chapter 35 VA File #: _____ - _____ - _____

Continuing Students

- Continuing Undergraduate Student
 Continuing Graduate Student
 Transfer Student from _____

Post 9/11 (Ch. 33) and Voc Rehab (Ch. 31): Please input the zip code of any course not offered on the Dayton campus. (i.e. clinical, internships, etc.)

Course Name/Number (EX ENG 1010)	Credit Hours	Zip Code	Repeated Class/Grade Received
			A <input type="checkbox"/> , B <input type="checkbox"/> , C <input type="checkbox"/> , D <input type="checkbox"/> , F <input type="checkbox"/> , X <input type="checkbox"/>
			A <input type="checkbox"/> , B <input type="checkbox"/> , C <input type="checkbox"/> , D <input type="checkbox"/> , F <input type="checkbox"/> , X <input type="checkbox"/>
			A <input type="checkbox"/> , B <input type="checkbox"/> , C <input type="checkbox"/> , D <input type="checkbox"/> , F <input type="checkbox"/> , X <input type="checkbox"/>
			A <input type="checkbox"/> , B <input type="checkbox"/> , C <input type="checkbox"/> , D <input type="checkbox"/> , F <input type="checkbox"/> , X <input type="checkbox"/>
			A <input type="checkbox"/> , B <input type="checkbox"/> , C <input type="checkbox"/> , D <input type="checkbox"/> , F <input type="checkbox"/> , X <input type="checkbox"/>
			A <input type="checkbox"/> , B <input type="checkbox"/> , C <input type="checkbox"/> , D <input type="checkbox"/> , F <input type="checkbox"/> , X <input type="checkbox"/>
			A <input type="checkbox"/> , B <input type="checkbox"/> , C <input type="checkbox"/> , D <input type="checkbox"/> , F <input type="checkbox"/> , X <input type="checkbox"/>
			A <input type="checkbox"/> , B <input type="checkbox"/> , C <input type="checkbox"/> , D <input type="checkbox"/> , F <input type="checkbox"/> , X <input type="checkbox"/>
Total Credit Hours			

Your affirmation that the above information is true and correct.

Signature _____ **Date** _____