



60 and Up Eligibility Form

Enrollment Services
101 University Hall
3640 Colonel Glenn Hwy.
Dayton, OH 45435-0001
(937) 775-4000
enrollmentservices@wright.edu

I wish to take classes: For Credit Not for Credit (Audit) Term: Fall Spring Summer Year: _____

Last Name First Name Middle Name Previous Name(s)

Street Address

City State Zip

Home Phone Cell Phone

Email Address

Ohio County of Residence:
 Montgomery Greene
 Clark Mercer
 Miami Warren

Social Security Number

Month/Day/Year of Birth Gender: Male Female
Wright State University ID (UID) if known

____ I am at least 60 years of age
Please attach a copy of one of the below to verify age:
 Ohio Driver's License or State ID
 Birth Certificate

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

Citizenship:
 U.S. Citizen Permanent Resident (provide copy of form I-551)
 Nonimmigrant Ohio Resident (provide copy of I-797/I-94)

Have you ever been convicted of a felony?
 Yes No If yes, date of conviction: _____

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:

Have you ever been dismissed for either disciplinary or academic reasons from an academic institution?
 Yes No If yes, date of dismissal: _____

- 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.

Credit-Seeking Students Only:
 A signed and dated copy of my IRS 1040 tax return for the prior year is attached for determination of income eligibility for the 60 and Up program.
____ Indicate the number of people living in your household

*More information on Ways to Qualify for Ohio Residency can be found at: <http://www.wright.edu/academic-affairs/policies/ohio-residency-policy>

OFFICE USE ONLY: Eligible to take credit or non-credit classes
 Eligible for non-credit classes only

Registrar's Designee Date of Action

If Ohio Resident for Less Than Twelve Months:
State of previous residency: _____ Date moved to Ohio: _____

60 and Up Agreement and Promise to Pay Fees: By signing this agreement with Wright State University, I understand that I must meet any required prerequisites for the classes in which I enroll and will adhere to the academic policies of Wright State University. I verify that all of the information provided by me on this form is true, that I will adhere to the regulations of the university, and that I will pay any fees associated with my registration at Wright State University.

Signature Date