WRIGHT STATE UNIVERSITY

Registration Activity Form

TYPE OR 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

☐ **Check to Waive Optional Legal Services fees**

☐ **Check to Waive Optional Counseling and Wellness Services fees**

3. STUDENT REGISTRATION ACTIVITY REQUESTED

COURSE INFORMATION								All required permissions have been entered online by instructor or dept	PERMISSIONS BY SIGNATURE – NOT REQUIRED WHEN ENTERED ONLINE ✓ Check all that apply									Approver(s)+	
Add	* Drop	Req to Audit	CRN	Subj	Course	Section	# Cr Hrs		Instructor	Dept	Pre-Req	Co-Req	Audit	College	Program	Exceed MaxHrs	Closed Class	Printed Name(s) and Signature(s)	Date
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*** A reduction in credits hours and/or withdrawing from courses may affect financial aid.**

+ **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.

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 all my 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 my financial aid award. 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**

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. (Changes from audit to credit or from credit to audit cannot be made after the first week of the semester or day 2 of a short term).
3. If you are a senior wishing to take a graduate level course, you must get a signed "Senior Permission Form" from the School of Graduate Studies (E-344 Student Union).
4. Closed class permission MUST be dated and are valid for only 7 days. After day 7, a new form must be submitted.
5. University Honors Program approval is required for closed Honors courses.
6. If you register after the first week of a semester or after day two of a short term, instructor permission is required.

OFFICE USE

Questions: RaiderConnect Phone: 937-775-4000, Fax: 937-775-4410 If faxing or emailing this form, you MUST also send a legible photo ID before your request will be processed. *rev 1/25/2021*