



Special Graduate Application And Registration Form

Division of Professional Development College
of Education and Human Services
WSU Lake Campus

This form may not be used to register for regular graduate courses.

PLEASE TYPE OR PRINT
(Incomplete Forms Will Delay Processing)

Please Mark Which Semester you are Enrolling:
_____ Summer Semester

1. Personal Information:

Last Name		First Name		MI	Maiden Name
Social Security Number OR University ID Number			Gender Female <input type="checkbox"/> Male <input type="checkbox"/>		Marital Status Single <input type="checkbox"/> Married <input type="checkbox"/>
Home Address:	Street	City		State	Zip Code
Date of Birth (Month/Day/Year) <input type="text"/> <input type="text"/> <input type="text"/>		Home Phone	Business Phone		Email Address
US Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	If No, Specify Country	Visa Type?	Exp. Date?	Ethnic Background (information is strictly voluntary and used only in reports to the federal government, please check one or more.) Race (please Check One)	
				<input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	

2. Educational Information

Highest Degree Awarded	Year Awarded	Institution Awarding Highest Degree (Name, City, State):
Most Recent Attendance at Wright State University Month/Year		NOTE: A \$10 Application Fee Will Be Assessed With Other Fees. The \$10 fee is payable once on the undergraduate level and once on the graduate level <input type="checkbox"/> Please Indicate with an "X" if you do not want to be billed for student insurance
Undergraduate	_____	
Graduate	_____	
Never	_____	

3. Ohio Residency

For the purpose of determining fess, students are classified as Ohio or non-Ohio residents. Please check one of the following that applies to your residency status.

- I do NOT reside in Ohio (nonresident).
- Yes, I reside and am gainfully employed on a self-sustaining basis in Ohio and wish to pursue a part-time program.
- Yes, I am on active duty in the United States military and I am stationed and residing in Ohio, or I am a dependent of such person.
- Yes, I have lived in Ohio for at least 12 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 12 consecutive months prior to this enrollment

4. Class/Workshop Selection

CRN #	Dept./Number & Section Number (ex: EDT 6700 WA1)	Credit Hours	\$200 per Credit Hour
Parking Fee per registrant (non-negotiable)			\$16.50
Add \$10 Fee (if never attended WSU)			
Total Fees \$			

5. Payment

Make Checks Payable to Wright State University

Mail to: **Summer Teacher Institute**
ATTN: Liane Muhlenkamp
7600 Lake Campus Drive
Celina, OH 45822-2952

Registration Agreement 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. 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 bureaus 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.

Signature _____ Date _____

NAME _____
 UID OR SS# _____
 CHECK OR MONEY ORDER # _____

I will need a receipt for my workshop. Yes No

Please Note: In order to receive a refund, you must process your withdrawal 24-hours prior to the first day of the scheduled session.