

CLEVELAND STATE UNIVERSITY

Graduate Admission and Enrollment Request

1. Personal Information

Date _____

Name _____ CSU ID No. (if known) _____
Last First Middle/Maiden

Social Security No. _____

Street Address _____

City _____ County _____ State _____ Zip code _____

Phone: Home () _____ Work () _____ Cell () _____

E-mail Address _____

Employer _____ City _____ State _____ Zip code _____

Length of residency in Ohio: from _____ to _____ Birth Date _____ Male Female
Month / Year Month / Year

Citizenship: U.S. Permanent Resident; Alien Registration No. _____ Visa; Type _____; Country _____

Race (optional): American Indian/Alaskan Native Asian/Pacific Islander White/Non-Hispanic Hispanic Other

2. Admissions Information

Have you attended CSU? No Yes, as a (check one): Graduate Undergraduate student. Last year attended _____

List all colleges and universities attended, including Cleveland State University:

<i>Name of College or University Attended</i>	<i>Location</i> <small>City State</small>	<i>Degrees Earned (List)</i>	<i>Graduation Date (Month/Year)</i>

3. Course Registration Information: Fall Spring Summer Year _____

<i>Course Number</i>	<i>Section</i>	<i>Credit Hours</i>	<i>Grade Type (Specify Reg. Letter Grade, P/F, or Audit)</i>
EDI- _____	_____	_____	Pass/Fail
Title: _____			

I certify that to the best of my knowledge the information I have given on this application is accurate and complete. I understand that any misrepresentation may be cause for denial of admission or dismissal from the University.

Signature _____ Date _____

Payment Information: Payment is due at time of registration. Make checks payable to Cleveland State University. Please record your social security number of the check.

TOTAL: \$140.00 per credit hrs.

Please send to:
 Center for Excellent & Innovation
 2121 Euclid Ave RW-238
 Cleveland, OH 44115-2214

-----TO BE DETACHED BY THE OFFICE OF TREASURY SERVICES ONLY-----

Cash payments are only accepted in person at the Office of Treasury Services.

Check payable Amount \$ _____ Check No. _____ Date Received _____ Staff _____

MasterCard Visa Discover \$ _____ Card Number _____ Exp. date _____

Student Name _____ Student ID# _____

Cardholder Signature _____ Social Security Number _____