

Partnership Application Supplement Form

Partnership Choices: Lakeland Community College (LCC)
 Lorain County Community College (LCCC)

Today's Date: _____

Name: _____

Address: _____

Home phone _____ Alternate phone _____

Email address _____ Date of Birth _____

CSU ID _____

Degree Interest @ Lakeland

- Business Administration
- Electronic Engineering Technology
- Information Systems
- Mechanical Engineering Technology
- Organizational Leadership
- Public Safety Management
- RN-BSN

Degree Interest @ Lorain

- Nonprofit Administration
- Psychology
- Public Safety Management
- Urban Studies

I hereby declare my intention to participate in the Cleveland State University/LCC/LCCC Partnership Program to be effective:

(Check one) Fall Spring Summer 20_____

Signature _____ Date _____

Rev. 3/3/09

Authorization to Release Academic Transcript

I hereby authorize the release of my Lakeland Community College or Lorain County Community College academic transcripts to Cleveland State University at the conclusion of each semester in which I enroll in LCC or LCCC courses. This authorization shall extend throughout the period in which I participate in either Partnership Program.

Signature _____ Date _____