

VISITING UNDERGRADUATE STUDENT ENROLLMENT REQUEST

You are eligible to enroll at Cleveland State University as a visiting student and are exempt from the formal application process if you:

- (1) possess a high school diploma or GED,
- (2) have successfully completed any applicable prerequisites for the course(s) in which you wish to enroll, and
- (3) are not explicitly or implicitly enrolling with the intention of earning a degree, certificate or licensure.

Please type or clearly print ALL requested information.

For which term do you wish to attend CSU as a visiting student? <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 20_____		What is your academic level? <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Post-baccalaureate		Have you previously attended CSU? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when did you last attend? <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year _____	
Last Name		First Name		Middle Name		Suffix	Maiden Name
Social Security Number		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Country of Citizenship		Visa Type	Permanent	Resident ID Number
Date of Birth MM DD YY		U.S. Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ethnicity (disclosure is optional and is for state and federal reporting purposes only) <input type="checkbox"/> African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other				
Are you a resident of Ohio? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when did your residency begin? MM DD YY		Home Telephone Number		Work Telephone Number		
Home Address		City		State	ZIP Code	County (Ohio only)	
Mailing Address (if different than home address)		City		State	ZIP Code	County (Ohio only)	
From which college or university did you earn your baccalaureate degree?			City and State		Date Degree Earned		

Once your Visiting Student Enrollment Request has been processed, the Office of the University Registrar will communicate with you via e-mail.

E-mail Address

I certify that the information herein is complete and accurate to the best of my knowledge. I understand that I am not eligible for financial aid as a visiting student and that enrollment as a visiting student does not imply admission to Cleveland State University. I certify that I high school diploma or GED. If I wish to pursue a degree, certificate or licensure program or do not wish to attend Cleveland State University as a visiting student, I understand that I must apply for admission. I further understand that any misrepresentation is cause for registration cancellation and is grounds for denial of admission at a later date. I also understand that, upon approval of the appropriate program, a maximum of four (4) semester credits earned as a visiting student can be applied toward the fulfillment of degree, certificate or licensure requirements if I am subsequently admitted as a degree-seeking student.

Signature	Date
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Submit this completed Visiting Student Enrollment Request by mail, by fax or in person.

**Office of the University Registrar
 CLEVELAND STATE UNIVERSITY
 2121 Euclid Ave. UC 400 • Cleveland, OH 44115-2214
 216 687 3700 • FAX 216 687 5501**

<i>OFFICE USE ONLY</i>
Received ____/____/____
Processed ____/____/____
By