Cleveland State University
Division of Enrollment Services

Request to Return from Leave of Absence

Please DO NOT use this request if you attended another college or university since your last term of enrollment at Cleveland State University or if your most recent enrollment at Cleveland State University resulted in academic dismissal. If you attended another college or university, you must reapply for admission. Reapply online at http://www.csuohio.edu/admissions/application.html or contact the appropriate admissions office for an application. If you were academically dismissed, you are required to petition for readmission through the academic college you wish to enter. To initiate the petition process, contact the advising office of the academic college to which you wish to be readmitted.

** Please print all information*

Personal Information:

Name:		CSU ID:	SSN: *(Last 4 digits)*
Address:			
City:	State:	Zip:	County (if US):
Date of Birth (mm/dd/yyyy):	Home Telephone #: ( )		Work Telephone #: ( )
Maiden or Former Name(s):			

Residency Information:

Are you a permanent resident of Ohio? Yes or No	*Date Ohio Residency Established (mm/dd/yyy): / /	Visa Type (if applicable):

***Note: If you have lived in Ohio since birth, please enter birth date for "Date Ohio Residency Established".**

University Information:

When do you plan to return to Cleveland State University? ☐ Fall Semester ☐ Spring Semester ☐ Summer Semester Year:	When did you last attend Cleveland State University? ☐ Fall Semester ☐ Spring Semester ☐ Summer Semester Year:	Career: ☐ Graduate ☐ Undergraduate

Have you attended another school since leaving Cleveland State University? ☐ Yes ☐ No

If yes, please list schools: _____

I certify that the information herein is complete and accurate to the best of my knowledge. I understand that any misrepresentation or omission is considered academic dishonesty and is cause for admission revocation and registration cancellation. I further understand that courses completed at another college or university will not be considered for transfer credit, regardless or circumstances, unless acknowledged during the appropriate readmission process. I agree to abide by all university regulations as set forth in the applicable Catalog.

***Signature (required): _____ Date: _____**

OFFICE USE ONLY

Requests completed by mail may be returned to:
Office of the University Registrar
2121 Euclid Avenue, KB 1414
Cleveland, Ohio 44115

Please return completed form to Campus411 in MC 116 or fax to 216-687-5501