Cleveland State University

Non-Degree Undergraduate Admission Application

Complete both sides of the application and return to the Office of the University Registrar (address listed on reverse).

PERSONAL INFORMATION						
Name (as it appears on o	official documents)					
Last		First		Middle		Former Last Name
						Former Last Ivame
Gender ☐ Male ☐ Fe	male Date of Birt	h				
Non U.S. Citizens Only:	Are you a U.S. P	ermanent Resident? 🔲 Y	es 🖵 No	Alien Registration	ID#	Issue Date
		hold a U.S. Visa? 🔲 Yes			currently hold.	
Residency: Are you an C	Ohio resident? 💷	res 🖵 No County:				
How many consecutive y	ears/months have	you lived in Ohio?				
. 1933-2	Ethnicity: Are you Race: Select one Ame Asiar	k or African American ve Hawaiian or Other Pacific	s • No be you best:	, 455-55	,,	
Yes No (At all tin Have you ever been dism high school, or withdrawn Yes No	nes as an applicant on hissed, suspended, hito avoid such involution er question please	of a criminal offense, current or a student, you are required to be expelled, placed on proba- coluntary separation, for a N submit a detailed written e Center.	to notify the De ation or other NON-ACADEI	ean of Students if a plea, wise involuntarily sepa MIC reason?	conviction or charges pendir arated from any other colle	ng occur.)
CONTACT INFORMATION						
Home Address						
Street Mailing Address (if different	ent from above)	Apt. #	City	County (Ohio)	State	Zip
Street		Apt. #	City	County (Ohio)	State	Zip
E-mail Address (required))					
Home Telephone Numbe	r 	Cell Telephone Number () -		,	lephone Number) -	
(Check one) Parent	ts 🖵 Father 🗖	erson to contact in case of Mother	Spouse 🗖			
					Zip	
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ENROLLMENT PLANS Semester you plan to enter (please check ONE and fill in year) Fall Spring Summer Year 20								
Are you a United States military veteran or currently serving in the military (active/reserve/Guard)? Yes No CSU is a nationally recognized, military-friendly university.								
EDUCATION HISTORY								
High School	City		Graduation Date					
College	City	State	Graduation Date					
By submitting this application, I certify that the information provided on this application is accurate, complete and subject to verification. I understand that all required application information will be evaluated for admission. I also understand that any misrepresentation or omission may be cause for the University to deny or cancel admission and registration, revoke financial aid, refuse posting of transfer credit and suspension from the University if discovered subsequently. I authorize each high school, college or university I have attended to release my academic information to Cleveland State University.								
Signature	Date							
Cleveland State University, Offic 2121 Euclid A Phone: 216.687.5411	Please return this application to: ce of the University Registrar, Applic Avenue KB 1400, Cleveland, OH 4411: FAX: 216.687.5400 Web Addre AA/EOE committed to nondiscrimination	5-2214 ess: engagecsu.co	om					

For a complete list of application requirements or to apply online visit www.csuohio.edu/admissions