

# Cleveland State University

## Student Referral

Attention Students: Simply attach this completed form to your printed undergraduate or graduate admissions application and we will waive the \$30 application fee.

### Student's Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

High School Name \_\_\_\_\_ Graduation Year \_\_\_\_\_

### Referred By

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

CSU Class Year \_\_\_\_\_

