Cleveland State University

Scholars Program Application

		CSU ID (If Applicable):			
First Name:		MI:	Last:		
Address:		City:		State:	Zip:
Home Phone:			Other Phone:		
E-mail:					
First Year Applican	ts Only				
High School:		City:		State:	
Area of Interest:			Cum GPA:	Clas	s Rank:
ACT Score:	SAT Math:	SAT Verbal:	SAT Reading:	SAT	Writing:
Upper Division Stu	dents Only				
Major/Minor:		Current (GPA: Cre	dit Hours	Complete:
Expected Date of	Graduation:				
Transfer Students	Only				
Previous College	/University:				
Is your acceptant	ce to Cleveland St	ate University comp	olete: □ yes □	⊒ no	
All Students					
Please Check Or	ne.				
☐ As a fresh☐ As a soph	man, I need to co omore, I need to c	complete one lower-	vision honors courses division honors cours lower-division honors	se.	
_		-	equirements for your		
☐ I am able t	to complete the up	oper division Schola	rs requirements for m	ny major b	efore I graduate
				. ,	
I certify that the and complete. Signature	intormation provid	ded by me for the So	cholars Program appl Date	ication is	true, correct

Please return this application to

Cleveland State University, Honors Program 2121 Euclid Ave, MC 412, Cleveland, OH 44115-2214 FAX:216-687-5552 E-mail: honors.program@csuohio.edu