

Partnership Application Supplement Form



CLEVELAND STATE UNIVERSITY

Supplement Form Submission Information

Mail:

Partnership Application Supplement Forms can be mailed to Cleveland State University's Registrar's office for processing. Please mail to the following address:
Cleveland State University Admissions Processing UN 300
2121 Euclid Ave.
Cleveland, Ohio 44115

In-person:

Students can complete and drop off the Partnership Application Supplement form to the CSU Partnership office and the Cleveland State Staff will forward the Supplement form to the Cleveland State University Registrar's Office.

*Supplement form MUST be submitted during the application process.

Select your community college

- Lakeland Community College Lorain County Community College

Select a Partnership Program**Lakeland Community College**

- General Business
 Psychology
 Public Safety Management
 Organizational Leadership
 Urban Studies

Lorain County Community College

- Nonprofit Administration
 Psychology
 Public Safety Management
 Spanish
 Urban Studies
 Organizational Leadership

Student Information

Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Email: _____

Community College ID #: _____ CSU ID # (If applicable): _____

Intended semester & year of admission: _____

I certify that the information provided on this supplement form 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 understand that it is my individual responsibility to request my official transcripts from high school and all colleges and universities attended in order to complete the application process. Upon admission to Cleveland State University I authorize each high school, college or university I have attended to release and share my academic information and records as deemed necessary by each institution for the purpose of program review and evaluation until my program completion at Cleveland State University.

I hereby declare my intention to participate in the Cleveland State University/ LCC/ LCCC Partnership Program.

Signature: _____ Date: _____

Rev. May. 9, 2016 KMC

Submission of this supplement form waives the Cleveland State University application fee for partnership students. Students applying online should choose the "pay by mail" option on the application. DO NOT submit payment – fee is waived when supplement form is received. If a payment is made, CSU is not able to refund the fee.