

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/engagecsu/apply.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: <i>(Last 4 digits)</i>
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/yyyy):  /     /	Visa Type (if applicable):
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\*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? <input type="checkbox"/> Fall Semester <input type="checkbox"/> Spring Semester <input type="checkbox"/> Summer Semester     Year:	When did you last attend Cleveland State University? <input type="checkbox"/> Fall Semester <input type="checkbox"/> Spring Semester <input type="checkbox"/> Summer Semester     Year:	Career: <input type="checkbox"/> Graduate <input type="checkbox"/> Undergraduate
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<b>Have you attended another school since leaving Cleveland State University?</b> <input type="checkbox"/> Yes <input type="checkbox"/> 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 of 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 Campus411All-in-1 in MC 116 or fax to 216-687-5501