

Undergraduate Application Addendum

<u>Pers</u>	onal Information			
Name:			CSU ID	
SSN (Last 4 Digits only)			DOB	
Email			Phone	
	e you lived in the State of Ohio for the 12 months im Illment at Cleveland State University?	nmediately _l	preceding your first day of ☐Yes ☐No	
<u>Upd</u>	<u>ates</u>			
	I would like my application for admission to be reconsidered for :		☐ Fall Semester 20 for: ☐ Spring Semester 20 ☐Summer Semester 20	
	I graduated from high school since I originally app admission to Cleveland State.	lied for	High School: Date of Graduation	
	I attended or have been attending another college university since I originally applied for admission t Cleveland State	to	College/University: Dates of Attendance: Credits Earned:	
	My academic interests have changed.	Intended	d Major/Program:	
	My address or telephone number has changed.	Address: City: Phone: _	:STZip	
<u>Cert</u>	<u>ification</u>			
omiss	ify that the information provided on this application addendum sion is cause for denial or cancellation of admission. I also unde dered for transfer credit, regardless of circumstance, unless ack	erstand that co	ourses completed at another college or university will not be	
Sign	ature:		Date:	