## **CWRU STEM Project Student Program Application**

Please print clearly or type all responses and complete both sides of the application. Please submit this completed application to Melissa Swafford at melissa.swafford@tri-c.edu. Deadlines to enroll for Fall semester is June 1 and for Spring semester is October 1.

Name:	SNumber:	
(Last, First)		
Address:		
(Street, State, Zip		
Phone:	Email:	<del></del>
Academic Information:		
Degree at Tri-C:		
Anticipated Tri-C Gradua (Semester, Year)	tion Date: Cumulative GPA:	
Anticipated Major at CW	RU:	
Anticipated Minor at CW (Optional)	RU:	
Mark programs if applic	ble:	
Bridges to Succes	in Science Participant	
Choose Ohio First		
Honors Program		
LSAMP		
Mandel Scholars	cademy	
Faculty Referral: _	Campus:	
Last, Firs		

## **Release/Authorization:**

I understand that this application and my unofficial education record will be reviewed by representatives from both Cuyahoga Community College (Tri-C) and Case Western Reserve University (CWRU). I authorize Tri-C Transfer Center staff to release my Unofficial Education Record to CWRU. I understand that the review of my unofficial academic record completed by CWRU is unofficial and a formal review of an Official Transcript will be completed upon application to CWRU.

TC Staff Initials

Please	respond to the following questions.
1.	Please briefly describe your education and career aspirations?
2.	How do you feel participating in CWRU STEM Project will help you meet those goals?
3.	What has been your favorite college course and why?