



## Continuing Scholars Program Intake Form

Name: \_\_\_\_\_

S Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Tri-C Counselor: \_\_\_\_\_

Tri-C Degree Program/Expected Grad Term: \_\_\_\_\_

College(s) planning on transferring to: \_\_\_\_\_

Intended Major at 4-year school: \_\_\_\_\_

**Notes/Contact Information:** \_\_\_\_\_

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### Unofficial Education Record Release:

I authorize Mandel Continuing Scholars staff, the Office of the Registrar, and other representatives of Cuyahoga Community College or Cleveland State University to release my Unofficial Education Record and the information provided above, including my phone number and email address, to institutions wherein I am interested in transferring. I understand that the review completed by the transferring institution is unofficial and a formal review of an Official Transcript will be completed upon application to the transfer institution.

\_\_\_\_\_  
Student Signature

MCS Staff: \_\_\_\_\_

Date: \_\_\_\_\_

SARS: \_\_\_\_\_

OR: \_\_\_\_\_