WHAT IS THE PARTNERSHIP PROGRAM?
If you are intending to obtain your associate’s degree at Tri-C and then move into your four-year degree at Cleveland State University, our Dual Admission Partnership Program will:

• Provide you with a one-step admission process
• Automatically transfer your credits between Tri-C and CSU
• Allow you to take courses at Tri-C and CSU simultaneously in order for you to complete requirements for an associate’s degree through Tri-C while starting on courses toward a bachelor’s degree at CSU
• Give you access to both CSU and Tri-C program advisors to chart your educational goals
• Permit you to use student services* and participate in student activities at both CSU and Tri-C
  (This includes equal opportunity for registration, financial aid, advising, University Library access, recreation center privileges, and participation in career fairs and attending sporting events)

* Some services require part-time enrollment at CSU

STUDENT ELIGIBILITY-
AM I ELIGIBLE?
If you can say “yes” to every statement below, you are eligible to participate in the partnership:
✓ I am intending to complete my first associate’s degree at Tri-C
✓ I have not attained a college degree
✓ I am planning to complete my bachelor’s degree at CSU
✓ I have a cumulative GPA of 2.0 (includes transcripts from all schools attended)

ADMISSION TO THE PARTNERSHIP PROGRAM
New Tri-C students
✓ Complete the admission process for Cuyahoga Community College and follow the instructions below.

Current Tri-C students:
✓ Fill out the CSU/Tri-C Undergraduate Dual Admission Application
✓ Submit application to any Tri-C campus Enrollment Center at the campus of your choice OR mail directly to Cuyahoga Community College, Office of the Registrar, PO Box 5966, Cleveland, OH 44101-0966.

Please Note: The academic records of those participating in the Partnership will be shared between CSU and Tri-C EVERY semester. If you are not accepted into the partnership program, you may reapply once CSU’s admission criteria have been met. Admission criteria can be found at: www.engagecsu.com/transfer.html
Name (as it appears on official documents)

Last  First                          Middle   Former Last Name

Tri-C ID#_________________________________________

Date of Birth ____________________    Gender
o Male
o Female

Social Security Number (optional) * __________________________________

* The Office of Student Financial Aid requires that students who plan to submit the FAFSA provide an SSN. The SSN from this application is used to match your FAFSA information and process your financial aid. For others not applying for financial aid, providing the SSN is optional. Please note that Cleveland State University takes the protection of your personal information very seriously. The use of your SSN is limited to a few necessary procedures.

Home Address

Street                                                               Apt. #                      City                  County (Ohio)         State       Zip

Mailing Address (if different from above)

Street
Apt. #
City
County (Ohio)
State
Zip

Home Telephone Number                           Cell Telephone Number                                        Work Telephone Number

E-mail Address (required)

Are you a U.S. Citizen?   o Yes   o No

Non U.S. Citizens Only: Are you a U.S. Permanent Resident?   o Yes   o No
Do you currently hold a U.S. Visa?   o Yes   o No
If yes, type of Visa you currently hold. _________________________

Country of citizenship _________________________________________________________________________________

Please provide background on both your ethnicity and race. This information will be used for reporting purposes only.

Ethnicity: Are you Hispanic/Latino?   o Yes   o No
Race: Select one or more races that describe you best:
   o American Indian or Alaska Native   o Asian   o Black or African American   o Native Hawaiian or Other Pacific Islander   o White

Student type:
   o Incoming Freshman (no previous college work following high school)
   o Transfer (attempted college course work elsewhere)
   o Non-Degree (not seeking a four-year degree)
   o Post-Baccalaureate (have a bachelor's degree/seek a second degree, teacher certification, or other program pre-requisite)

Semester you plan to enroll at CSU (please check ONE and fill in year)   o Fall   o Spring   o Summer Year 20_______

Intended Major/Program at Cleveland State University:
Refer to the list of undergraduate majors and programs listed on www.engagecsu.com and indicate on the line below the one major or program that interests you most.

   o College:_________________________________________ Major:_________________________________________
   o Undecided. Still exploring my options.

Intended Program at Cuyahoga Community College:

Associates of ________________________________

Have you ever pled guilty or been convicted of a criminal offense, or have charges pending against you?
   o Yes   o No  (At all times as an applicant or a student, you are required tonotify the Dean of Students if a plea, conviction or charges pending occur.)

Have you ever been dismissed, suspended, or placed on probation by any other college, university or high school, or withdrawn to avoid such involuntary separation, for a NON-ACADEMIC reason?   o Yes   o No

If you answer yes to either question, please submit a detailed written explanation of your specific situation to the Office of Admissions Processing Center, 2121 Euclid Ave., Cleveland, OH 44115-2214

Would you like to receive important admissions and enrollment information by text?   o Yes   o No
If yes, you must provide a cell phone number:   (          )              -

Continued on back
Has your Mother/Father/Guardian earned a four-year bachelor’s degree from a college or university?
Mother/Guardian:  Yes  ☐ No  ☐
Father/Guardian:  Yes  ☐ No  ☐
Is your Mother/Father/Guardian a graduate of Cleveland State University?
Mother/Guardian:  Yes  ☐ No  ☐

Do you plan to live on campus?  Yes  ☐ No  ☐ Undecided
Would you like information about Financial Aid?  Yes  ☐ No  ☐

Are you a United States military veteran or currently serving in the military?  Yes  ☐ No  ☐
Branch of US Armed Forces ________________________________
Are you a dependent of an active duty member or veteran of the US Armed Forces?  Yes  ☐ No  ☐
Have you had any job experience in your area of career interest?  Yes  ☐ No  ☐

High School ___________________________________________ City __________________________ State ____________ County ____________
Graduation Date or GED Date ________________________________
High School GPA __________________________  GPA Scale _________________________

If you would like to share any additional information with the admissions committee, please include an essay on a separate piece of paper.

Self-Reported Data  If you have taken the ACT and/or SAT, please report your best scores.

<table>
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<tr>
<th>ACT Composite (1-36)</th>
<th>Math (1-36)</th>
<th>English (1-36)</th>
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SAT Total Score (400-1600) Evidence Based Reading & Writing (200-800) Math (200-800) Reading (10-40)

Residency: Are you an Ohio resident?  Yes  ☐ No  ☐
County: ____________________________________________
How many consecutive years/months have you lived in Ohio? ________________________________

Emergency Contact/Parent Information  Please indicate the nearest relative or person to contact in case of emergency.

(Check one)  Parents  ☐ Father  ☐ Mother  ☐ Guardian  ☐ Spouse  ☐ Relative  ☐ Other  ________________________________
Name ____________________________________________________________
Address ____________________________________________________________
City______________________________  State__________________  Zip______________
Telephone Number ( ) - ( ) - Alternate Telephone Number ( ) - ( ) -
E-mail Address _____________________________________________________

I certify that the information provided on this application 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 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.

Signature _____________________________ Date __________________

Cuyahoga Community College, Office of the Registrar  •  PO Box 5966, Cleveland, OH 44101-0966
For more information on the Dual Admission Partnership Program contact:
CSU: Phone: 216-687-2011  Email: tri-cpartnership@csuohio.edu  Web Address: engagecsutransfer.com
Tri-C: A Cuyahoga Community College Counselor  Web Address: www.tri-c.edu/transfer/pages/universitypartnerships.aspx

For Office Use only
Tri-C ID# ____________________  CSU ID# ____________________

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