

Request to Return from Leave of Absence

Student Name:						CSUID / SSN (last 4):							
Check box if you are a Graduate student and begin at Section C . Circle the semester readmission and independent of the semester of the se										are	reques	ting	
Check box if you are a Post Baccalaureate student and begin at Section C .									, ciic , co	•			
Check box if you are a Partnership stude college and then begin at Section C . (Otherwork)			SU or Parti	nership	Fall	Spri	ng	Sum	mer	Yea	ır:		
Check box if you are an Undergraduate	student, a	and begin at Section	on A.										
Section A													
I have attended another college or university *If yes, you must reapply f								orocee	d to Sec		Y*		N
Section B My most recent term of enrollment at Clevela	and State I	University resulted	l in an Aca	demic D	ismissal.	Suspe	nsion.	or Se	paration.		Y*		N
*If <i>yes</i> , you are required to petition contact the advising office of the aca	for readm	nission through the	e academic	college	you wisł	to en	ter. To	initia	te the p			SS,	11
Section C - Catalog Rights Acknowledgeme By initialing this section (required) and so the current term. This change will impact this action impacts your academic career.	ubmitting t your deg If you ar	ree requirements are not clear how this	and you are is action af	acknow fects you	ledging t	hat you	u unde	erstanc	l how	Init	ials:		
this section and please consult your advis	or for furt	her details prior to	proceedin	g.						Procee	d to Se	ction D	
Section D		MUST BE	COMPLET	ED									
education and successful re-entry for the for charges or convictions. Responses to these quality or been convicted Misdemeanors such as most traffic offenses, you? (At all times as an applicant or a student, you a	uestions ar of a crimir disorderly	e kept confidential. nal offense (excludir conduct, possession	ng offenses n of drug pa	hat woul raphern	d be class alia, etc),	sified u	nder O e charg)hio la ges per	w as Min nding aga	or	Y*		N
Have you ever been dismissed, suspended, ex university or high school or withdrawn to av *If you answer yes to either question, p Registrar with this form. This request	oid such in please subr	nvoluntary separati nit a detailed writte	on for a NC en explanati	N-ACAI on of you	DEMIC re r specific	eason? situati	on to tl		ice of the		•	ction E	N
Section E - Residency Information													
Are you a permanent resident of Ohio? (circle one) Y / N *Date Ohio Residency Established (mm/do						d/yyyy): Visa Type (if applicable):							
*Note: If you have lived in Ohio since birth, please enter b	irth date for	"Date Ohio Residency	Established".					•		Procee	d to Se	ction F	
Section F - Personal Information													
Address:				Email A	ddress:								
City:		State:	Zip:			Count	ty (if U	S):					
Date of Birth (mm/dd/yyyy):	Home Telephone #:				Work Telephone #: ()								
I certify that the information herein is complete a dishonesty and is cause for admission revocation considered for transfer credit, regardless of cir regulations as set forth in the applicable Catalog.	and registi	ration cancellation. s, unless acknowle	I further u dged durin	nderstand g the ap	l that cou	rses co	mplete	ed at a proce	nother co ss. I agr	ollege o	r unive	rsity wil	l not b
*Signature (required):								D	ate: _				

Requests completed by mail may be returned to:

Office of the University Registrar 2121 Euclid Avenue, Cleveland, Ohio 44115-2214