

**Request to Return from  
 Leave of Absence**

<b>Student Name:</b>	<b>CSUID / SSN (last 4):</b>
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- Check box if you are a **Graduate** student and begin at **Section C**.
- Check box if you are a **Post Baccalaureate** student and begin at **Section C**.
- Check box if you are a **Partnership** student having only attended CSU or Partnership college and then begin at **Section C**. (Otherwise proceed to **Section A**)
- Check box if you are an **Undergraduate** student, and begin at **Section A**.

Circle the semester in which you are requesting readmission and indicate the year:

Fall    Spring    Summer    Year: \_\_\_\_\_

**Section A**  
 I have attended another college or university since my last term of enrollment at Cleveland State University. Y \*    N  
 \*If **yes**, you must reapply for admission. Reapply online at <https://engagecsu.com/apply>. If **no**, proceed to **Section B**.

**Section B**  
 My most recent term of enrollment at Cleveland State University resulted in an Academic Dismissal, Suspension, or Separation. Y \*    N  
 \*If **yes**, you are required to petition for readmission through the academic college you wish to enter. To initiate the petition process, contact the advising office of the academic college to which you wish to be readmitted. If **no**, proceed to **Section C**.

**Section C - Catalog Rights Acknowledgement**  
 By initialing this section (required) and submitting this form you acknowledge that your catalog rights will be updated to the current term. This change will impact your degree requirements and you are acknowledging that you understand how this action impacts your academic career. If you are not clear how this action affects your academic career, do not initial this section and please consult your advisor for further details prior to proceeding. Initials:  
\_\_\_\_\_  
**Proceed to Section D**

**Section D** **MUST BE COMPLETED**  
 Cleveland State University believes students are more than their record. We are dedicated to providing an inclusive pathway to higher education and successful re-entry for the formerly incarcerated. The university will fairly consider all applicants regardless of previous charges or convictions. Responses to these questions are kept confidential.  
 Have you ever pled guilty or been convicted of a criminal offense (excluding offenses that would be classified under Ohio law as Minor Misdemeanors such as most traffic offenses, disorderly conduct, possession of drug paraphernalia, etc), or have charges pending against you? Y \*    N  
*(At all times as an applicant or a student, you are required to notify the Dean of Students if a plea, conviction, or charges pending occur.)*  
 Have you ever been dismissed, suspended, expelled, placed on probation or otherwise involuntarily separated from any other college, university or high school or withdrawn to avoid such involuntary separation for a NON-ACADEMIC reason? Y \*    N  
 \*If you answer yes to either question, please submit a detailed written explanation of your specific situation to the Office of the University Registrar with this form. This request will not be considered until the written detailed statement is received.  
**Proceed to Section E**

**Section E - Residency Information**

Are you a permanent resident of Ohio? (circle one) Y / N	*Date Ohio Residency Established (mm/dd/yyyy):	Visa Type (if applicable):
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*\*Note: If you have lived in Ohio since birth, please enter birth date for "Date Ohio Residency Established".* **Proceed to Section F**

**Section F - Personal Information**

Address:		Email Address:	
City:	State:	Zip:	County (if US):
Date of Birth (mm/dd/yyyy):	Home Telephone #: (    )	Work Telephone #: (    )	

I certify that the information herein is complete and accurate to the best of my knowledge. I understand that any misrepresentation or omission is considered academic dishonesty and is cause for admission revocation and registration cancellation. I further understand that courses completed at another college or university will not be considered for transfer credit, regardless of circumstances, unless acknowledged during the appropriate readmission process. I agree to abide by all university regulations as set forth in the applicable Catalog.

\*Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

Requests completed by mail may be returned to:  
 Office of the University Registrar 2121 Euclid Avenue, Cleveland, Ohio 44115-2214

*Please return completed form to Campus411All-in-1 in BH 116 or fax to 216-687-5501*