

Information on Registering for Special Offerings through CSU Greater Cleveland Educational Development Center

Many programs facilitated by the GCEDC offer the opportunity for graduate credit through Cleveland State University as Special Offerings. Please review the following information about obtaining credit.

Residency: To take advantage of the special rate for these courses you **MUST** have lived continuously in Ohio for the last 12 months.

Grades: Grades are based on attendance/ participation, and in some cases, a project and reflection paper. **Attendance at all sessions is required.** Grades will be submitted at the end of the semester and a transcript will be available after that. See “Viewing Student Information.”

Registration and Fees: Register for credit by **completing all parts of the enclosed registration form and returning it to Sarah Reynolds with payment.** What is the special rate for graduate credit at CSU for this program? Check the graduate credit form for program payment information. Registrations are due with payment on the final day of the program. Please mail the registration form and payment to GCEDC, Cleveland State University, 2121 Euclid Ave. CE 300, Cleveland, Ohio, 44115. Nancy Carnes can be reached at (216) 523-7112 if you have any questions concerning graduate credit.

Viewing Student Information: Through CampusNet, all students have the ability to:

- View and print out their course registration
- View and print out their class schedule
- View and print out their grades
- Print an unofficial transcript
- Order an official transcript
- View and print out their student account balance – *this along with your canceled check can serve as a receipt for the course.*
- Obtain a parking pass

To access your CampusNet information, go to <https://campusnet.csuohio.edu/index.jsp#>

The **College of Education and Human Services Advising Office** can help you determine if credits earned in Special Offerings for graduate credit can be used to meet graduate degree requirements at CSU. Call the **Advising Office at 216-687-4625**, or make an appointment with your CSU academic advisor.

Instructor of Record: For course content, program dates and location, and grades, contact the instructor of record.

Dennis Kowalski can be reached by calling (216) 523-7106 or by emailing d.j.kowalski@csuohio.edu.
EDG 516 Sec 980 FA09 Expressions Program

CLEVELAND STATE UNIVERSITY
Off-Campus Graduate Admission and Enrollment Request

1. Personal Information

Date _____

Name _____ CSU ID No. (if known) _____
Last First Middle/Maiden

Social Security No. _____

Street Address _____

City _____ County _____ State _____ Zip code _____

Phone: Home () _____ Work () _____ Cell () _____

E-mail Address _____

Employer _____ City _____ State _____ Zip code _____

Length of residency in Ohio: from _____ to _____ Birth Date _____ Male Female
Month / Year Month / Year

Citizenship: U.S. Permanent Resident; Alien Registration No. _____ Visa; Type _____; Country _____

Race (optional): African American American Indian/Alaskan Native Asian/Pacific Islander White/Non-Hispanic
 Hispanic Other

2. Admissions Information

Have you attended CSU? No Yes, as a (check one): Graduate Undergraduate student. Last year attended _____

List all colleges and universities attended, including Cleveland State University:

<i>Name of College or University Attended</i>	<i>Location City State</i>	<i>Degrees Earned (List)</i>	<i>Graduation Date (Month/Year)</i>

3. Course Registration Information: X Fall Spring Summer Year 2009

<i>Course Number</i>	<i>Section</i>	<i>Credit Hours</i>	<i>Grade Type (Specify Reg. Letter Grade, P/F, or Audit)</i>
EDG 516	980	1	Letter
Expressions Program			

I certify that to the best of my knowledge the information I have given on this application is accurate and complete. I understand that any misrepresentation may be cause for denial of admission or dismissal from the University.

Signature _____ Date _____

Deadline for registration is September 14, 2009

Payment Information: Payment is due at time of registration. Make checks payable to Cleveland State University. Please record your social security number on the check.

Please send to:
 Nancy Carnes
 2121 Euclid Ave. CE 300
 Cleveland, OH 44115-2214

TOTAL DUE: \$ 439.25 for one credit

To be detached by the Office of Treasury Services Only

Cash payments are only accepted in person at the Office of Treasury Services.

Check \$ _____ Check No. _____ Date Rec'd. _____ Staff _____

Mastercard Visa Discover \$ _____ Card Number _____ Exp. date _____

Student Name _____ Student ID# _____

Cardholder Signature _____ Social Security Number _____

CLEVELAND STATE UNIVERSITY

Off-Campus Graduate Admission and Enrollment Request

1. Personal Information

Date _____

Name _____ CSU ID No. (if known) _____
Last First Middle/Maiden

Social Security No. _____

Street Address _____

City _____ County _____ State _____ Zip code _____

Phone: Home () _____ Work () _____ Cell () _____

E-mail Address _____

Employer _____ City _____ State _____ Zip code _____

Length of residency in Ohio: from _____ to _____ Birth Date _____ Male Female
Month / Year Month / Year

Citizenship: U.S. Permanent Resident; Alien Registration No. _____ Visa; Type _____; Country _____

Race (optional): African American American Indian/Alaskan Native Asian/Pacific Islander White/Non-Hispanic
 Hispanic Other

2. Admissions Information

Have you attended CSU? No Yes, as a (check one): Graduate Undergraduate student. Last year attended _____

List all colleges and universities attended, including Cleveland State University:

Name of College or University Attended	Location City State	Degrees Earned (List)	Graduation Date (Month/Year)

3. Course Registration Information: Fall Spring Summer Year 2010

Course Number	Section	Credit Hours	Grade Type (Specify Reg. Letter Grade, P/F, or Audit)
EDG 516	981	1	Letter
Expressions TM math Program			

I certify that to the best of my knowledge the information I have given on this application is accurate and complete. I understand that any misrepresentation may be cause for denial of admission or dismissal from the University.

Signature _____ Date _____

Deadline for registration is February 1, 2010

Payment Information: Payment is due at time of registration. Make checks payable to Cleveland State University. Please record your social security number on the check.

Please send to:
 Nancy Carnes
 2121 Euclid Ave. CE 300
 Cleveland, OH 44115-2214

TOTAL DUE: \$ 439.25 for one credit

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CLEVELAND STATE UNIVERSITY
Off-Campus Graduate Admission and Enrollment Request

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Last First Middle/Maiden

Social Security No. _____

Street Address _____

City _____ County _____ State _____ Zip code _____

Phone: Home () _____ Work () _____ Cell () _____

E-mail Address _____

Employer _____ City _____ State _____ Zip code _____

Length of residency in Ohio: from _____ to _____ Birth Date _____ Male Female
Month / Year Month / Year

Citizenship: U.S. Permanent Resident; Alien Registration No. _____ Visa; Type _____; Country _____

Race (optional): African American American Indian/Alaskan Native Asian/Pacific Islander White/Non-Hispanic
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List all colleges and universities attended, including Cleveland State University:

<i>Name of College or University Attended</i>	<i>Location City State</i>	<i>Degrees Earned (List)</i>	<i>Graduation Date (Month/Year)</i>

3. Course Registration Information: Fall Spring Summer Year 2010

<i>Course Number</i>	<i>Section</i>	<i>Credit Hours</i>	<i>Grade Type (Specify Reg. Letter Grade, P/F, or Audit)</i>
EDG 516	982	1	Letter
Explorers Program			

I certify that to the best of my knowledge the information I have given on this application is accurate and complete. I understand that any misrepresentation may be cause for denial of admission or dismissal from the University.

Signature _____ Date _____

Deadline for registration is February 1, 2010

Payment Information: Payment is due at time of registration. Make checks payable to Cleveland State University. Please record your social security number on the check.

Please send to:
 Nancy Carnes
 2121 Euclid Ave. CE 300
 Cleveland, OH 44115-2214

TOTAL DUE: \$ 454.50 for one credit

To be detached by the Office of Treasury Services Only

Cash payments are only accepted in person at the Office of Treasury Services.

Check \$ _____ Check No. _____ Date Rec'd. _____ Staff _____

Mastercard Visa Discover \$ _____ Card Number _____ Exp. date _____

Student Name _____ Student ID# _____

Cardholder Signature _____ Social Security Number _____