Cleveland State University engaged learning*

Project 60 Application Form

Summer Semester 2025

	Return from Leave of	pplying as a Project 60 stude Absence: I previously applications two semesters.		ect 60 student, but ha	ave not taken
*PLEASE	PRINT				
First Nam	e:	Last Name:			
Maiden Name:		Date of Birt	Date of Birth:		
Last 4 dig	its of Social Security N	umber or Cleveland State 7-l	Digit ID Num	ber:	
Address:					
City:		State:		Zip Code:	
Phone (1)	:	Phone (2)):		
Email Add	dress:				
Have you	ever taken classes at 0	CSU? □ Yes □ No			
lf	yes, when did you last	attend?		_•	
Gender:	□ Male	□ Female			
Et R:	thnicity: Are you Hispa ace: Select one or mo	oth your ethnicity and race. nic/Latino?	o est:		eporting purposes only.
I understa will not co	and that classes taken to bunt toward a degree. It beciated fees and that I	ded on this application is acc hrough Project 60 are taken also understand that I am re am not eligible for student er	on a non-cre esponsible fo	edit (audit only), spa or books, transportat	ion, parking, late or
Signature	:		Tod	ay's Date:	
Print and	Email the application to	o: Project60@csuohio.edu			

You will receive a letter in the mail before the start of the term, detailing registration information. This information is also available on the Project 60 website: www.csuohio.edu/project60.

Applications must be received by Friday, May 16, 2025. Applications received after this date will be processed for the following semester.

For more information, please call the Project 60 staff at (216) 687-5411 or email project60@csuohio.edu.