Application for Admission Cleveland State University Cleveland-Marshall College of Law Health Care Compliance Certificate



Date of Receipt:

Fee Paid: ___Yes ___No

1. Full Name						
L	ast		First		Middle	
2. Social Security N	Number					
3. Current Mailing	Address: (Valid unti	1 / / /) MM/DD/YY				
Street		City	Sta	ite	Zip C	Code
4. Permanent Addr	ess:					
Street		City	Sta	ite	Zip C	Code
County (if Ohio)						
Email						
Primary Telephone	Number:		Secondary Num	nber (cell or bus	siness)	
5. Date of Birth:			. 6.	Gender:	M	F
1	MM I	DD Y	YYY			
International Stu	dents Only					
- ()						
7. (a) Are you a US <i>If no indicate</i> :	Citizen? Yes (if yes, skip to 8)	No			
	iip		Country of F	Residence		
Country of Birth				L		
(b) Are you a perm	anent resident?] Yes 🗌 No				
<i>If yes indicate:</i> Visa Type		Alien Number		SEVIS	Number	
		te of Ohio for the pa onsecutive residency i				
9. Have you previo	usly applied for adr	nission to Cleveland	-Marshall College of	of Law? 🗌 Ye	es 🗌 No	
If yes, for v	what term					
	(Term	/YYYY)				
10. List all colleges	, universities, and g	raduate schools you	have attended. Ple	ase list the mos	t recent institut	tion first.
Institution	Location	Dates Attended	Major	Degree	GPA	Reason for Leaving
		<u> </u>				
		1		1	1	

Standardized test scores are not required for admission. However, if you have taken the LSAT, GRE, GMAT or MCAT you may ask for your scores to be submitted if you wish. If you plan to do so, please indicate here which test(s) results you will be submitting.

Check all that apply.	GRE	GRE Subject Test	GMAT	MAT	TOEFL	LSAT
Date of Test:						

11. If applicable, indicate when you have taken or will take the Test of English as a Foreign Language (TOEFL) and the Test of Written English (TWE).

/ / Month Day Year / / Month Day Year

12. List any family members who are graduates of Cleveland-Marshall College of Law:

Name	Relationship	Class
Name	Relationship	Class
Name	Relationship	Class
Name	Relationship	Class
Have you been admitted to	o the bar of any state or country? 🗌 Yes 🗌 No	

If yes, indicate location and date admitted.

13. Required Personal Statement: In this personal statement, we are interested in knowing your qualifications and motivations for wishing to enter the Health Care Compliance Certificate program, and we are especially interested in knowing about your work in the healthcare industry and how you hope to use the knowledge you gain in this program. You may also use your personal statement to ask the Admission Committee to consider your achievements and qualities not otherwise revealed in your application or to explain or point out to the committee a particular part of your record or application. This is an **important** part of your application. Please type this statement and sign it at the end.

14. Required Resume: Please attach a current resume including employers, dates of employment, and positions held. Your resume may also include internships, volunteer activities, leadership positions, relevant extracurricular activities, and special honors or achievements.

By checking here, and by signing this application or transmitting it electronically, I declare that the information given by me in this application and supplemental documents is complete, true, and correct to the best of my knowledge and recognize that it is subject to verification. I understand that any offer of admission or financial assistance, and/or continued enrollment are contingent upon its accuracy and completeness. Failure in this application's accuracy or completeness may affect my enrollment status and/or result in disciplinary action.

I also understand that admission is conditional upon meeting the requirements stated in the law school catalog and any further conditions expressed at the time of admission. The law school does not authorize nor is it bound by any requirements or conditions other than those communicated by the law school Office of Admission.

Signature X Date

Please Return with Application

In accordance with the amended Family Educational Rights and Privacy Act, all letters of recommendation for admissions purposes received after January 1, 1975, are to be open to the candidate. However, the law allows the individual to waive his/her right of access if confidential recommendations are desired.

Before the Admissions Committee may consider any letters of recommendation you may wish to submit as part of your application, you must mark one of the boxes, sign and date below.

I do NOT waive the right to review any letters of recommendation submitted as part of my application for admission.

I do waive the right to review any letters of recommendation submitted as part of my application for admission.

Signature X

Date

Cleveland State University • Cleveland-Marshall College of Law

Voluntary Census Form

Cleveland State University is committed to a policy of equal educational and employment opportunity for all individuals. The University strongly opposes discrimination against any group or individual because of race, color, religion, sex, national origin, ancestry, age, handicap, veteran's status, or sexual orientation.

It would aid the University in evidencing this policy to governmental agencies if each applicant supplied the information requested below. You may volunteer such information with respect to your own application for admission by a check mark at the appropriate box. Thank you.

Check Appropriate Boxes

American Indian or Alaskan Native	White (not of Hispanic origin)	Hispanic (regardless of race)
Black (not of Hispanic origin)	Asian or Pacific Islander	Other, specify:

Please send your application packet to:

Cleveland-Marshall College of Law Office of Law Admissions 1801 Euclid Avenue, LB 138 Cleveland, Ohio 44115