



## RHODES STATE COLLEGE APPLICATION AGREEMENT STATEMENT

Send your application fee and this signed application agreement statement to:

Rhodes State College  
Admissions and Advising  
4240 Campus Drive  
Lima, OH 45804

Applicant name: \_\_\_\_\_

SSN (optional): \_\_\_\_\_

Application term: \_\_\_\_\_

Mailing address phone: \_\_\_\_\_

I affirm that the information which I have provided on this application is complete and correct, and any omission or falsification will result in denial of admission or immediate dismissal. I will request that each high school and postsecondary school or college that I have attended send an official transcript to Rhodes State College.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of guidance counselor  
(current high school students only)

\_\_\_\_\_  
Date