

**CHEYNEY UNIVERSITY
INTENT TO ENROLL FORM**

**Please sign and return this form, along with a non-refundable enrollment deposit of \$50.00
within 21 days upon receipt of this letter.**

**Payment must be made in the form of a money order or cashier's check.
Credit card payments may be made on our website.**

Date: _____ Student Number: _____

First Name: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Please place a check mark to Accept or Decline the Admissions offer.

_____ I **ACCEPT** Admission for the following semester: FALL 2018 SPRING 2019

_____ I **DECLINE** Admission for the following semester: FALL 2018 SPRING 2019

I plan to: _____ Commute _____ Live in Campus Housing

Date: _____ Student's Signature: _____

Return this form, along with the \$50.00 non-refundable, enrollment deposit to:

**Cheyney University of Pennsylvania
Bursar's Office
1837 University Circle, P.O. Box 200
Cheyney, PA 19319**