Office of Admission
Cheyney University of Pennsylvania
1837 University Circle
Cheyney, Pennsylvania 19319-0200
610-399-2275
www.cheyney.edu

CHEYNEY UNIVERSITY OF PENSYLVANIA
READMIT FORM

NAME:_____
First M.I Last

ADDRESS:_____
City State Zip

PHONE: ( )_____ **PA Resident ( ) Yes ( ) No**

SS#_____ **Date of Birth**_____

ARE YOU A VETERAN? ( ) YES ( ) NO

If yes, term of active duty from _____**to**_____

Please submit photocopy of service record

NAME OF MAJOR_____

If readmitted to Cheyney University I will enter:

( ) Full time ( ) Part time ( ) Off-campus ( ) Resident Hall

ARE YOU CURRENTLY ON ACADEMIC SUSPENSION? ( ) Yes ( ) No

LAST SEMESTER YOU ATTENDED AT CHEYNEY UNIVERSITY_____
SEMESTER/YEAR

SEMESTER REQUESTED FOR READMISSION:

( ) FALL ( ) SPRING ( ) SUMMER

HAVE YOU BEEN READMITTED TO THE UNIVERSITY PREVIOUSLY?

( ) YES ( ) NO HOW MANY TIMES_____

SIGNATURE:_____ **DATE**_____

Please submit along with this form a letter addressed to the Director of Admissions requesting to be readmitted to the university.