



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

**CHEYNEY UNIVERSITY OF PENNSYLVANIA  
READMIT FORM**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PA Resident  Yes  No

SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_ CU Student ID # 000- \_\_\_\_\_

ARE YOU A VETERAN?  YES  NO

If yes, term of active duty from \_\_\_\_\_ to \_\_\_\_\_

Please submit photocopy of service record

NAME OF MAJOR \_\_\_\_\_ ACADEMIC ADVISOR \_\_\_\_\_

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 \_\_\_\_\_ DATES: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please submit a letter, along with this form, to the Director of Admissions stating why you had a break in enrollment and requesting to be readmitted.**