



Cheyney University of Pennsylvania
Undergraduate Non-Degree - Continuing Education
Abington Memorial Hospital/Dixon School of Nursing

Application for Admission

Personal Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Home Phone: _____ Alternate Phone: _____

E-mail Address: _____ Birth Date: _____

Gender: Male Female PA Resident: Yes No U.S. Citizen: Yes No

Have you ever previously attended Cheyney University of PA: Yes No

High School Information

Name of High School: _____ Graduation Date: _____
Month/Year

Address: _____
City State

Emergency Contact Information

Full Name: _____
Last First M.I.

Primary Phone: _____ Alternate Phone: _____

Relationship: _____

Registration Information

Please indicate your course(s)	Spring 1 <i>January 19th - March 17th 2010 (7 ½ Weeks) 4:00 pm – 7:00 pm</i>	Spring 2 <i>March 18th - May 8th 2010 (7 ½ Weeks) 4:00 pm – 7:00 pm</i>
DSON	<input type="checkbox"/> CIS100 Basic Principles of Computers (<i>Tues & Thurs</i>)	<input type="checkbox"/> MAT001 Basic Mathematics (<i>Mon & Wed</i>)
DSON	<input type="checkbox"/> MAT001 Basic Mathematics (<i>Mon & Wed</i>)	<input type="checkbox"/> HEN011 Elements of Writing (<i>Mon & Wed</i>)

Cheyney University of Pennsylvania is required by the U.S. Department of Education, Office of Civil Rights, to collect and report information pertaining to ethnic backgrounds of applicants. This information does not affect the admissions decision. Please check the box that applies to you:

Caucasian African American Hispanic American Indian/Alaskan Native Asian/Pacific Islander Other

I certify that the above statements are true and correct to the best of my knowledge.

Full Name: _____
Signature Date