

CHEYNEY UNIVERSITY INTENT TO ENROLL FORM

Please sign and return this form, along with a non-refundable enrollment deposit of \$50.00 within 14 days from receipt of your Acceptance 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: SPRING 2017 FALL 2017

_____ I **DECLINE** Admission for the following semester: SPRING 2017 FALL 2017

I plan to attend the following Campus: _____ Main Campus _____ Cheyney University @ Center City

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**