



**CHEYNEY UNIVERSITY OF PENNSYLVANIA
READMIT FORM**

NAME: _____

ADDRESS: _____

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. Our fax number is (610) 399-2099.