Cheyney University of Pennsylvania
Continuing Education
Application for Admission
NON-DEGREE PROGRAM

(If handwritten, please print clearly.)

Full Name:_____
Last *First* *M.I.* *Previous Name (If any)*

Address:_____
Home Address *Apartment/Unit #*

_____
City *State* *County* *ZIP Code*

Home Phone: _____ Cell Phone: _____ Work Phone:_____

E-mail Address:_____ Birth Date:_____

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

EDUCATION

High School Diploma: Yes ☐ No ☐ G.E.D.: Yes ☐ No ☐ Date Received: _____
Month/Year

Have you ever previously attended Cheyney University of PA? Yes ☐ No ☐ If yes, when?_____

_____

Have you ever attended any other training and/or institution for learning? Yes ☐ No ☐ If yes, where and when? _____

_____

EMERGENCY CONTACT INFORMATION

Full Name:_____
Last *First* *M.I.*

Primary Phone:_____ Alternate Phone: _____

Relationship: _____

REGISTRATION INFORMATION

Program or Course #	Program or Course Name	Course Dates

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 acknowledge that I am solely responsible for payment of fees and expenses for this course(s) in the event that, where applicable, a third party does not make payment.

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

Full Name:_____
Signature *Date*

*Parent or Guardian:_____
Signature *Date*

**Must sign if applicant is under age 18*