



## READMIT APPLICATION FEE FORM – \$45.00

*(Please Print All Information)*

Applicant's  
Legal  
Name

\_\_\_\_\_

*Last*

*First*

*M.I.*

Legal  
Address

\_\_\_\_\_

*Street Address*

*(P.O. Box or Apartment Number if applicable)*

\_\_\_\_\_

*City*

*State*

*Zip*

This application is for  
the semester beginning

August (Fall)

January (Spring)

Year \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*Social Security Number*

*(Optional-the University uses it for ID purposes only)*

SEND THIS FORM, WITH THE MONEY ORDER OR PERSONAL CHECK FOR \$45.00 PAYABLE TO **WEST CHESTER UNIVERSITY, TO THE OFFICE OF THE BURSAR, 25 UNIVERSITY AVENUE, ROOM 50, WEST CHESTER, PA 19383.** PLACE THE STUDENT'S NAME AND SOCIAL SECURITY NUMBER ON THE CHECK. THE APPLICATION FEE IS NON-REFUNDABLE.

**DO NOT SEND THIS FORM AND FEE TO THE OFFICE OF ADMISSIONS**