KUTZTOWN UNIVERSITY
Registrar's Office

Readmission Application

Intended Term of Readmission: Year: Student ID (if known):

Last Name First Name Middle

Maiden or Former name SSN # (Optional) Date of Birth:

Address1 Address2

City State Zip code Country

Email Address:

Home Phone # Cell Phone # Male Female

U.S. Citizen? Yes No If no, Country of Citizenship and Visa Status:

Last Attended Term at KU Year Legal Resident of PA? Yes No

Are you planning on using Military Benefits for your Tuition? Yes No

List all colleges/universities you attended since your last attendance at KU?

Institute Name Year Semester

Institute Name Year Semester

Institute Name Year Semester

Will you be participating as an Athlete at KU? Yes No

Are you applying for Academic Forgiveness? Yes No

I certify that the above statements are correct and that I have answered all applicable questions. I further certify that, if accepted, I will abide by the conduct standards and regulations of Kutztown University. Any misrepresentation of facts will be cause for refusal or cancellation of my admission to Kutztown University.

Student Signature: _____ Date: _____

Completed By: _____ Date: _____

Registrar's Office, P.O. Box 730, Kutztown, PA 19530
Phone: (610) 683-4485 Fax: (610) 683-1586 Email: regoffice@kutztown.edu

PREVIEW ONLY
VOID