



WCU ID# _____

APPLICATION FOR READMISSION 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 _____

1. Please make check or money order for \$45.00 payable to **WEST CHESTER UNIVERSITY**. Please include **name and WCU ID on the check or money order**. The Application fee is non-refundable.
2. Send this form with your money order or check to:

**The Office of the Bursar
Kershner Student Service Center
25 University Avenue
Room 50
West Chester, Pa 19383**

Please send this form directly to the Bursar's Office