Master of Education
York College of Pennsylvania
York, PA 17403
(717) 815-6406
www.ycp.edu/masters

Readmission Form

Name:_____
Last First Middle

Former Name:_____ Telephone:_____

Street: _____

City:_____ State:_____ Zip Code:_____

Social Security Number:_____ Birthdate:_____

Current Employer Name:_____

Proposed semester of reentry:

Fall_____ Spring_____ Summer_____

If readmitted, what concentration will you pursue?

_____ Educational Leadership _____ Reading Specialist _____ Non-Degree

When did you last attend York College of Pennsylvania?_____
Semester Year

For what reason did you leave?_____

_____

List any college(s) attended since leaving YCP: _____
(An official transcript is required of all courses taken since leaving York College of Pennsylvania)

Dates attended: From_____ to _____
Month Year Month Year

Student Signature:_____Date:_____