

Please provide the information requested on this form and submit all readmission materials and transcripts via mail or email to:
 Geneva College • Registrar's Office • 3200 College Ave • Beaver Falls, PA 15010 Email: registrar@geneva.edu

Name _____
Last First MI

Student ID _____ Other names you used _____

Daytime Phone _____ Email _____
Personal email

Current Home Address _____

City State ZIP

Last Semester/Year Attended _____ Semester/Year you wish to return _____

Last Program at Geneva Undergraduate CUBM

Returning from Active Duty Military leave? Yes Projected leave completion date _____

Program upon readmission Undergraduate CUBM

Previous Major/Concentration/Minor _____

Major/Concentration/Minor upon readmission _____

Housing Status Resident Commuter (Commuter status must be approved by Residence Life Office.)

Have you earned credits at another college since leaving Geneva? Yes No

If yes, please list colleges (Official transcripts must be sent to Geneva College for transfer evaluation.)

Have you ever been convicted of a felony or misdemeanor (excluding traffic violations)? Yes No

If yes, please list: the date of the conviction(s), the name/location of the court in which convicted, and a description of the nature of the crime.

Please provide a brief paragraph to answer the following:

- Why you are applying for readmission?
- What steps will you take to ensure your academic success?

I certify that I am the above-named person and the information I have provided is accurate.

Student Signature _____ Date _____

For Geneva College use only

Business Office _____

Financial Aid _____

Financial Aid Suspension? Yes No

Student Development/ADP _____ Holds _____ Met/Released? Yes No

Geneva GPA _____ Readmission Approved Denied

Registrar's Office Signature _____ Date _____