<table>
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<tr>
<th>REQ#</th>
<th>FULL COURSE NO. (e.g. ENG 101-31)</th>
<th>COURSE NAME</th>
<th>CREDITS</th>
<th>CIRCLE</th>
<th>PD.</th>
<th>TIME</th>
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Freshman Learning & Transition (1 cr.) meets on Mondays. Campus Gatherings/Chapel Programs are scheduled during this time slot.

- **INDEPENDENT STUDIES** *(Pink form required)*
- **APPLIED MUSIC OR PRACTICUM** *(Blue form required)*

LIST COURSES YOU ARE REPEATING ________________________________ TOTAL SEMESTER HOURS __________________
NOT RETURNING STUDENTS
NOTIFY THE RESIDENCE LIFE OFFICE (second floor Student Center)

RETURNING STUDENTS & NEW STUDENTS PLEASE COMPLETE THESE ITEMS AS ACCURATELY AS POSSIBLE:

Date of Birth ______________________

Year First Attended Geneva ______

Class or Special Status:
(Check one or more categories below.)
( ) Freshman
( ) Sophomore
( ) Junior
( ) Senior
( ) Graduating Senior
( ) Graduating Assoc.
( ) New Freshman
( ) New Transfer
( ) Certification (___ELEM, ___SEC, ___BOTH)
( ) Graduate of Geneva ______ (year)
( ) Graduate of ____________________________
   (copy of transcript or diploma required for new students)
( ) Transient (visitor) from_____________________
   (transient form/school approval required)
( ) Early College/Dual Enrollment (approval of Admissions Dir.)
( ) Reapplied (by application)
( ) ADCP Class No.______
( ) Cross-Registration (school approval required)
( ) Aviation at CCBC
( ) P.A.C.E.

Enrollment Status:
( ) Fulltime (12+ hrs)
( ) Halftime (6-11 hrs)
( ) Less-than-half (1-5 hrs)

Housing Status:
( ) Resident Student
( ) Commuter
( ) Off-Campus (not living with parents)

Gender:
( ) Male    ( ) Female

Marital Status:
( ) Single
( ) Married
( ) Separated
( ) Divorced
( ) Widowed

Citizenship:
___________________________________

Religious Affiliation:
___________________________________

Ethnic Background:
Hispanic or Latino ______ YES ____ NO

Check one or more:
( ) American Indian or Alaska Native
( ) Asian
( ) Black or African-American
( ) Native Hawaiian or Other Pacific Islander
( ) White
( ) 2 or more races

Emergency Phone No.
____________________________________

E-Mail Address
____________________________________

PAYMENT AGREEMENT
IN APPLYING FOR REGISTRATION AT GENEVA COLLEGE, I AGREE TO PAY ALL CHARGES INCURRED IN
ACCORDANCE WITH COLLEGE POLICY, INCLUDING INTEREST CHARGES.

_____________________________    ____________________
Student’s Signature                      Date