

GENEVA COLLEGE

APPLICATION FOR READMISSION

Office of the Registrar

3200 College Ave • Beaver Falls PA 15010 • 724-847-6745

Instructions:

Please provide all of the information requested below (**please print clearly**) and return all readmission materials to the Registrar's Office at the address above. Thank you.

Name _____

Other name(s) used at Geneva _____

Geneva ID# _____

Address _____

Phone _____ E-Mail _____

Please respond to the following questions:

- Which program did you attend? Check one:
 Traditional, Adult Degree Completion Program, Graduate Program
Which program will you attend if you are readmitted? Check one:
 Traditional, ADCP Cohort # _____, Graduate Program
- Which term/semester would you like to return to Geneva?
 Summer Fall Spring 20____ (year)
- When did you last attend Geneva? _____
- What was your major? _____
- Do you intend to pursue the same major if you are readmitted? Yes No
If you checked "No", what major would you like to pursue if you are readmitted?

- Housing Status? Resident Student Commuter
Please note Commuter Status MUST be approved by the Residence Life Office.
- Have you taken college courses elsewhere since leaving Geneva? Yes No
- If you checked "Yes" on the previous question, when can we expect to receive these transcripts? _____
- Are you an International Student? Yes No
- On a separate sheet of paper, **please explain why you are applying for readmission.**

Signature _____

Date _____

FOR OFFICE USE ONLY

_____ Business Office _____ Student Development/ADCP _____ Student Financial Services

_____ Transcripts received (if applicable) Geneva GPA _____

_____ Approved _____ Disapproved _____

Registrar

Date