GENEVA COLLEGE

Office of the Registrar
3200 College Avenue, Beaver Falls, PA 15010
Ph. 724-847-6603 or 724-847-6745
Fax 724-847-6739

DCP OFF-CAMPUS COURSE APPROVAL

Complete the boxed area below then submit this form to the registrar at Geneva for approval. It is your responsibility to check on the availability of these courses at the other school. Course descriptions may be necessary. **Please allow at least 48 hrs. for this form to be processed.**

(please print clearly)

Name _____ Date _____

Geneva ID# _____ Counselor _____

Check DCP major: ___CMN; ___HR; ___HS; ___OD DCP class no. _____

Mailing address _____

E-mail _____ Day Phone_____

School where course(s) will be taken: _____

Which semester? _____Fall _____Spring _____Summer Year? _____

IF THIS IS AN ON-LINE COURSE, PLEASE CHECK _____

THEIR COURSE NO.	CREDITS	COURSE NAME		GENEVA COURSE NO.
_____	_____	_____	=	_____*
_____	_____	_____	=	_____*
_____	_____	_____	=	_____*

***Geneva course number will be filled in by the registrar.**

After completing these courses you should ask the registrar's office at the above school to send our registrar an **official transcript** showing these credits so that they can be added to your Geneva record. Credit will not be given toward the fulfillment of your academic requirements until we receive this transcript.

(This section to be completed by the Geneva College registrar)

_____ has been granted approval to enroll as a transient student at

_____ for the course(s) listed above.

_____
Registrar

_____
Date

cc: Student File
DCP