

**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

**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. Please provide course descriptions. **Please allow at least 48 hrs. for this form to be processed.**

(please print clearly)

Name _____		Date _____	
Geneva ID# _____		Adviser _____	
E-mail _____		Geneva box no. _____	
Mailing address _____			
School where course(s) will be taken: _____			
Which semester? _____ Fall _____ Spring _____ Summer _____ Year? _____			
THEIR COURSE NO.	CREDITS	COURSE NAME	GENEVA COURSE NO.
_____	_____	_____	= _____ *
_____	_____	_____	= _____ *
_____	_____	_____	= _____ *
*Geneva course number will be filled in by the registrar.			
Only grades of C- or better will be accepted in transfer.			
A course taken at Geneva may not be repeated at another school for a better grade; it must be repeated at Geneva.			

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  
 Adviser