

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? _____	
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