GENEVA COLLEGE	Readmission Application - Undergraduate & CUBM	*rev. 10.20.2026*

Readmission form must be submitted at least 10 days before start of Fall semester and 5 days before start of Spring semester.

Please provide the information requested on this form and submit all readmission materials and transcripts via mail or email to:
Geneva College • Registrar's Office • 3200 College Ave • Beaver Falls, PA 15010 Email: registrar@geneva.edu

Name _____
Last First MI

Student ID _____ Other names you used _____

Daytime Phone _____ Email _____
Personal email

Current Home Address _____

_____ _____ _____
City State ZIP

Last Semester/Year Attended _____ Semester/Year you wish to return _____

Last Program at Geneva ☐ Undergraduate ☐ CUBM

Returning from Active Duty Military leave? ☐ Yes Projected leave completion date _____

Program upon readmission ☐ Undergraduate ☐ CUBM

Previous Major/Concentration/Minor _____

Major/Concentration/Minor upon readmission _____

Housing Status ☐ Resident ☐ Commuter (Commuter status must be approved by Residence Life Office.)

Have you earned credits at another college since leaving Geneva? ☐ Yes ☐ No

If yes, please list colleges (Official transcripts must be sent to Geneva College for transfer evaluation.)

Have you ever been convicted of a felony or misdemeanor (excluding traffic violations)? ☐ Yes ☐ No
If yes, please list: the date of the conviction(s), the name/location of the court in which convicted, and a description of the nature of the crime.

Please provide a brief paragraph to answer the following:
1. Why you are applying for readmission? 2. What steps will you take to ensure your academic success?

I certify that I am the above-named person and the information I have provided is accurate.

Student Signature _____ Date _____

For Geneva College use only

Business Office _____
Financial Aid _____ Financial Aid Suspension? ☐ Yes ☐ No
Student Development/ADP _____ Holds _____ Met/Released? ☐ Yes ☐ No
Geneva GPA _____ Readmission ☐ Approved ☐ Denied
Registrar's Office Signature _____ Date _____