

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 CUBM
Which program will you attend if you are readmitted? Check one:
 Traditional, ADCP Cohort # _____, Graduate Program CUBM
- 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? Christian Ministry Leadership _____
- 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?
 Christian Ministry Leadership _____
- 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 _____

I verify that the above is true to the best of my knowledge.

FOR OFFICE USE ONLY		
_____ Business Office	_____ Student Development/ADCP	_____ Student Financial Services
_____ Transcripts received (if applicable)	Geneva GPA _____	
_____ Approved	_____ Disapproved	_____ Registrar
		_____ Date