

# *Request for high school transcript*

## Applicant information

*Complete this section and present it to the appropriate office at your high school. Please print or type.*

### Classification

- New freshman  
 Transfer

### Enrollment term

- Fall 20\_\_  
 Spring 20\_\_  
 Summer 20\_\_

### Attendance

- Full-time  
 Part-time

### Housing

- Residence hall  
 Commuter

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Dates attended high school \_\_\_\_\_

*I hereby give permission for my transcript and other information requested to be sent to Geneva College.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Transfer students must also request transcripts from all colleges and universities attended.*

## High school counselor

*Please include the following information.*

ACT scores \_\_\_\_\_

SAT scores \_\_\_\_\_

High school GPA \_\_\_\_\_

High school rank \_\_\_\_\_

Counselor/school official signature

\_\_\_\_\_

Date \_\_\_\_\_

**Send this form along with the applicant's transcript to:**

Admissions Office  
Geneva College  
3200 College Avenue  
Beaver Falls, PA 15010

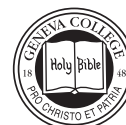
Toll-free 800-847-8255

Local 724-847-6500

Fax 724-847-6776

E-mail [admissions@geneva.edu](mailto:admissions@geneva.edu)

Web site [www.geneva.edu](http://www.geneva.edu)



**GENEVA COLLEGE**