



## Missouri Reverse Transfer Opt-In/Graduation Application

In compliance with Missouri HB1042, Missouri colleges and universities are participating in the Missouri Reverse Transfer statewide initiative which may enable you to earn an associate degree.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Please print your name as you wish it to appear on your diploma.)

Student ID# (4-year): \_\_\_\_\_ Last Four Digits of SS#: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

Primary Email: \_\_\_\_\_ Secondary Email: \_\_\_\_\_

Current 4-year institution attending: \_\_\_\_\_

Previous institution(s) attended: \_\_\_\_\_  
\_\_\_\_\_

Associate degree you are seeking: \_\_\_\_\_

By completing this application, I authorize \_\_\_\_\_ (current 4-year institution) to release my official transcript\* to \_\_\_\_\_ (previous 2-year institution). I agree to allow \_\_\_\_\_ (previous 2-year institution) to review my academic records and post any degree for which I qualify. I understand that a final transcript\* with my degree awarded will be provided to my current 4-year institution.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

4-year RTC Name: \_\_\_\_\_ Signature: \_\_\_\_\_

2-year RTC Name: \_\_\_\_\_ Signature: \_\_\_\_\_

\* I understand that the institutional transcript release policy applies.