

## **Reverse Transfer & Graduation Application Request Form**

| Degree which I am apply  | /ing for: A.S./ A. A. (ci  | rcle one) in   | (n  | major)  |
|--|--|--|---|---|
| Name (First,M.I,Last.)   |  | Name While   | Attending Comm. College   | e (if different)  |
| Address  |  | City   | State   | Zip   |
| Daytime phone number   | Comm. College Bann   | er/Student ID no.  | Last four digits of SSN#  | Birth Date  |
| Name as you would like it sp   | pelled on the Diploma  |  |   |   |
| Attending Commencement? <u>Y</u>   | $\frac{V}{N}$ (Contact the   | college directly to f  | find the date of the ceremo   | ony)  |
| and all credits toward a  If my total credits mee  If my total credits mee other than the one indicated of the degree indicated  If I am missing any of need to be met.  I acknowledge that by | at institution, providing that that: requesting that upon receipt of a degree at that institution. It all of the requirements for the at all of the requirements and incated, such as A.S. in General Stabove, and I will be notified as the degree requirements, the cosigning this application I give the ment brochure (if applicable), | I meet all eligibility my transcript, the com degree for which I am dicate that it is more ap Studies, I am giving my s such. dlege will so notify me the selected college per | requirements.  nmunity college named above n applying, I will be notified ppropriate to award an assoc ny permission to award that d e and let me know what requermission to print my name an | e will apply any as such. riate degree legree instead nirements still nd academic |
| Student Signature  |  |  | Date  |   |
| FOR CT STATE OFFICE USI  | E ONLY:  |  |   |   |
| Date Submitted:  | Audit Date:  | F  | Requirements Met: Y / N   | [   |
| Notes (if any):  |  |  |   |   |