ANNE ARUNDEL COMMUNITY COLLEGE

101 College Parkway Arnold, Maryland 21012-1895
Records and Registration Office / SSVC 140
410-777-2243 / Fax 410-777-2489 / reversetransfer@aacc.edu

Please complete this form and return it via email, fax, or mail to the **Records and Registration Office** using the contact information provided at the left.

REVERSE TRANSFER DEGREE APPLICATION

This form is used to initiate the review of your college-level coursework to determine if you meet the requirements for an associate degree at AACC. Please send all college transcripts, including Advanced Placement or CLEP scores to AACC within two (2) weeks of submitting this form. This form serves as the application for graduation and is the consent for release of AACC transcripts to your current four-year institution after degree notation. Please print clearly. We will be in touch! Thank you.

AACC ID# _____ **Current Institution:** □ Towson □ UMBC □ UMUC □ Other: _____

Name on Diploma:
Print your name <u>clearly</u> and <u>exactly</u> as you want it to appear on your diploma.

_____

| First | Middle | Last |

Indicate any other name you have used on your records: _____

Diploma Mailing Address:
Please note: Submitting an address change to the Records and Registration office will not automatically change your *diploma mailing address*. If you change your diploma mailing address, please notify the Graduation Evaluator in the Records and Registration office or email recordsgrad@aacc.edu and be sure to include your AACC ID#.

_____

| Street Address | City | State | Zip |

Phone: _____ □ Home □ Business □ Cell **Phone:** _____ □ Home □ Business □ Cell

E-mail Address: _____

Would you like us to update your AACC records to reflect the address and phone numbers above? □ Yes □ No

Expected year of graduation: _____ **Term:** □ Spring □ Summer □ Fall

Catalog year: _____

Degree program name and code: _____
Degree programs and codes can be found in the College Catalog at http://www.aacc.edu/catalog/.

I allow AACC to update my current address and contact information, if selected above. I request a review of my college transcripts toward the award of an associate degree at AACC and consent to the release of my official AACC transcripts to the institution designated above upon award of a degree.

Signature: _____ **Date:** _____

AACC Reverse Transfer Staff Use Only

Current institution: □ Towson □ UMBC □ UMUC □ Other: _____
Transfer credit posted (date): _____
Academic Standards petitions or course substitutions (please list): _____
Degree audit evaluated (initials and date): _____
Forwarded to graduation assistant (initials and date): _____