

Student Name _____

Missouri S&T Student Number _____



Missouri Reverse Transfer Opt-in Graduation Application and Transcript Release

In compliance with Missouri HB1042, Missouri S&T is participating in the Missouri Reverse Transfer statewide initiative which may enable you to earn an associate degree. Completion of this form indicates your intent to participate in Missouri Reverse Transfer. Submit this form to the Missouri University of Science and Technology Transfer Admissions Office, G2 Parker Hall, 300 W. 13th St., Rolla, MO 65409 or fax to 573-341-6271 or email to reversetransfer@mst.edu.



Associate Degree Graduation Application

Student ID (2-Year) _____

Last 4 digits of SS# _____

2-Year Associate Degree Granting Institution: _____
Institution Name City State

Name as it is to be printed on diploma: _____
Last First Middle

Mailing Address: _____
Street or Box/Apt # City State Zip Code

Permanent Address: _____
Street or Box/Apt# City State Zip Code

Home Phone: _____ Cell Phone: _____

Primary E-mail: _____ Secondary Email: _____

Degree: Please check the 2-year degree for which you wish to become a graduation candidate.

Associate of Arts (AA)

Associate of Fine Arts (AFA) (Fine arts majors only.)

Associate of Arts in Teaching (AAT) (Education majors only.) **Check one:**
 Elementary/Special Education Early Childhood Education Middle/Secondary Education

Associate of Science Degree (AS) (Engineering/science/mathematics majors only.)

Transcript Release

I authorize the release of my Missouri S&T transcript to the Registrar of the 2-Year Associate Degree Granting Institution identified above, as well as the release of my transcript from the 2-Year Associate Degree Granting Institution to the Registrar of Missouri S&T. I understand that the institutional transcript release policy applies.

Reverse Transfer Participation Release

I authorize the institutions named above to share records relevant to my participation in the Reverse Transfer

I certify that the information provided on this Reverse Transfer Opt-in Graduate Application and Official Transcript Release form is accurate as of this date. My signature below authorizes the named institution(s) to award my associate degree as appropriate and according to all published college processes, to release my transcripts as indicated, and to disseminate information relevant to my participation in the Missouri Reverse Transfer program. I understand that to opt out of Missouri Reverse Transfer I must contact the Missouri S&T Reverse Transfer Coordinator at reversetransfer@mst.edu.

Signature: _____

Date: _____

Missouri S&T Transfer Admissions

Name: _____ **Title:** _____

Name: _____ **Title:** _____

Address:

Address:

Address:

Phone:

FAX:

Toll Free:

Email:

Missouri S&T Registrar

Address:

Address:

Address:

Phone:

FAX:

Toll Free:

Email: