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 e-mail: _____ 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.