# **You may have already earned an academic credential!**

# **Reverse Transfer Participation and Transcript Release Form**

The Reverse Transfer Program is an opportunity for students who transferred from a PA Community College to a PA State System University prior to completing their associate’s degree, certificate or other credential to now earn that initial award. Why participate in the program? Students who receive an associate’s degree, certificate or other credential while pursuing a baccalaureate degree greatly increase their earning power and/or ability to secure a job while taking classes and are more likely to complete the baccalaureate degree in a timely manner. Earning an associate’s degree, certificate or credential on the way to a four-year degree is also a great way to have academic achievements recognized as they are completed.

Students are eligible to participate in the program by meeting the following criteria:

* Transferred in at least 45 credits from the most recently attended PA Community College to a PA State System University;
* Completed at least 15 credits at the PA State System University;
* Earned a grade point average of 2.00 in their courses at the four-year university.
* There are no financial holds on the students’ accounts.

Students who have transferred in at least 45 credits from the most recently attended PA Community College to a PA State System University; have completed at least 15 credits at the PA State System University and have earned a 2.00 in their courses at the four-year university are eligible to inquire about participating in the program. To opt into the program and have an academic evaluation performed to determine what, if any, requirements are still needed in order to be awarded an associate’s degree, certificate, or credential, please fill out the information below and submit it to the Registrar’s Office at the (PA State System University). A copy of your academic transcript will be sent to (PA Community College) for an evaluation. The Community College will contact you directly stating whether or not you have met the requirements for any particular credential. Questions should be directed to the Registrar’s Office at either institution.

**Please complete, sign, and return this release form to:**

**(Specify PA State System University)**

**Office of the Registrar**

**(Include Registrar Office address)**

The completion of this form indicates my decision to participate in the Reverse Transfer Program between (PA State System University) and (PA Community College). My signature on this form grants permission to have my academic transcript exchanged between the two institutions for purposes of participating in the Reverse Transfer program.

PA State System Student ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PA Community College ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Full Legal Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Name (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email Address:

Date (semester and year) most recently enrolled at the PA Community College: \_\_\_\_\_\_\_\_\_\_\_\_\_

Acknowledgement:

In accordance with the Family Educational Rights and Privacy Act (FERPA), my signature below authorizes the release of my academic records between (PA State System University) to (PA Community College) for purposes of credit evaluation to determine fulfillment of degree requirements and degree award under the Reverse Transfer program. It also serves to acknowledge my understanding of the FERPA statement listed above and agree to the sharing of my records between (PA State System University) and (PA Community College) for purposes of determining my eligibility to be awarded a degree, certificate or other appropriate credential form the (PA Community College).

I may opt out of the program at any time by notifying, in writing, the Registrar’s Office at (PA State System University). Please note that opting out will only stop future transmission of your academic record to the PA Community College.

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

\*Please note: there is no transcript fee charge for transcripts sent solely for participation in the Reverse Transfer Program.