



# Reverse Transfer Degree Application

NAME: \_\_\_\_\_ DOB : \_\_\_\_\_ ID: \_\_\_\_\_  
*(Please print)*

ADDRESS: \_\_\_\_\_ PHONE Home: \_\_\_\_\_  
Work: \_\_\_\_\_  
Cell: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

OTHER NAMES WHICH MAY APPEAR ON ACADEMIC RECORDS: \_\_\_\_\_

My name should appear on my diploma as: \_\_\_\_\_

- Associate of Arts
- Associate of General Studies

\*Other \_\_\_\_\_

**\*Note: If you believe you are eligible for any other type of degree, please meet with a Macomb Community College counselor or advisor to review your academic record prior to submitting the degree application.**

Are you currently enrolled with TSC?    Yes    No

Are you a first generation college graduate?    Yes    No

Reverse transferring from: \_\_\_\_\_ Are you currently enrolled?    Yes    No  
*Name of Institution*

**APPLICATION PACKET CHECKLIST:**

- ✓ Completed application form
- ✓ Degree plan/audit
  - must not be from a catalog more than six years old
  - must include advisor/ARC signature
  - must include student signature
- ✓ Official course substitutions approved for degree plan submitted

**GRADUATION APPLICATION DEADLINES:**

- FALL – March 1 *(for December posting)*
- SPRING – August 1 *(for May posting)*
- SUMMER – November 1 *(for August posting)*

I hereby request consideration as a graduation candidate for the degree according to the requirements of the attached degree plan for Fall 201 \_\_/ Spring 201 \_\_/ Summer 201 \_\_. I understand that my transcript will reflect when the degree requirements are **completed**. Furthermore, I understand that I must comply with any additional requirements detailed in the corresponding catalog.

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

OFFICE OF ADMISSIONS AND RECORDS USE ONLY:

Received by: \_\_\_\_\_ Date: \_\_\_\_\_