



Reverse Transfer Degree Application

NAME: _____ ID: _____
(Please print)

ADDRESS: _____ PHONE Home: () - _____
_____ Work: () - _____
_____ Cell: () - _____

E-MAIL: _____

OTHER NAMES WHICH MAY APPEAR ON ACADEMIC RECORDS: _____

DOB : - -

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 your Texas Southmost College Academic 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: _____