

APPLICATION FOR REVERSE TRANSFER DEGREE

****IMPORTANT - PRIOR TO SUBMITTING APPLICATION:**

--STUDENT MUST HAVE OFFICIAL TRANSCRIPTS FROM ALL OTHER INSTITUTIONS ATTENDED ON FILE WITH DELGADO.

--UNOFFICIAL TRANSCRIPTS FROM ALL OTHER INSTITUTIONS ATTENDED MUST BE ATTACHED TO THIS APPLICATION FORM.

--STUDENT MUST MEET ALL REQUIREMENTS LISTED BELOW:

Students who meet all of the following conditions are eligible for reverse transfer:

- Must have been previously enrolled at Delgado as a degree-seeking student.
- Must have not previously earned a college degree Must have earned a 2.0 or above Delgado grade point average (GPA).
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- Must have completed at least 18 credit hours at Delgado, excluding developmental courses.
- Must have completed 9 hours in the courses required in the Delgado major.
- Must have earned a minimum of 25% of the academic program's requirements while in residence at Delgado.
- Must have earned the credits to fulfill the associate degree in a particular academic program.
- Must have earned the reverse transfer credits at a regionally accredited university or four-year college.

(Please Fill in Completely)

Semester applying for degree: Fall Spring Date of Application: _____

Name as it appears on permanent record:

_____	_____	_____
First	Middle	Student ID Number
_____	_____	_____
Last	Maiden	Date of Birth (mm/dd/year)

Name to appear on diploma. If different from permanent record, please check with the Registrar's Office.

_____	_____	_____
First	Middle	Last

Major: _____

Exact name of degree:

Associate of General Studies Associate of Arts Associate of Applied Science Associate of Science

****LIST NAMES OF ALL OTHER INSTITUTIONS ATTENDED*:**

MAILING ADDRESS to be used to mail diploma: (MUST BE A PHYSICAL STREET ADDRESS; P.O BOXES ARE NOT ACCEPTABLE.)

_____	_____
Street and Number	Cell Phone Number (xxx) xxx-xxxx
_____	_____
City / State / Zip	Personal E-mail

I have sent official transcripts for all institutions attended to Delgado Community College. I have attached unofficial transcripts from all institutions attended to this application. I understand I must meet all requirements listed above in accordance with Delgado Community College.

_____	_____
Student Signature	Date