



Office of the Registrar

1555 S. Raisinville Road, Monroe, MI 48161 Phone: (734) 384-4108 Fax: (734) 384-4170

Reverse Transfer Application for Degree

Name _____
(Print Clearly-This is the name on your Diploma)

STUDENT ID/SSN _____

Address _____
City _____ State _____ Zip _____

Daytime Phone _____
Personal E-mail _____

Degree Applying for:

- Associate of Arts Degree
- Associate of Science Degree
- Associate of Applied Science Degree
- Associate of Fine Arts Degree

Today's Date: _____

Year of Catalog Used: _____
(Must be within the last 10 years and a year you attended)

SEMESTER and YEAR in which you expect to complete degree requirements:

Please list any previous colleges you will be requesting official transcripts from. _____

Program Designation (if applicable)

DO NOT WRITE BELOW THIS LINE

SACP, SGRD & Sent:

Program Code: _____

Remaining Requirements:

General Education Requirements

- ____ Total MCCC Credits (Minimum 20)
- ____ Current Enrollment _____
- ____ Transfer Credits (Maximum of 40 credits)
- ____ Total Projected Credits (60 credits required)
- ____ Cum GPA- 2.000 required
- ____ C1-Natural Science
- ____ C2-Mathematics
- ____ C3-GE Writing
- ____ C4-GE Computer Literacy
- ____ C5-GE Human Experience
- ____ C6-GE Social Systems

Currently enrolled classes:

Note: This audit assumes satisfactory completion of all courses in progress and required in the future.

Audited By: _____ Date: _____

Final Audit Use Only

- Degree Awarded _____
- Total Earned Credits _____
- Final Grade Point Average _____
- Honors _____
- MACRAO Agreement _____

- Approved for Degree _____
- Degree Date _____
- Degree Recorded _____
- Diploma Mailed _____