

Opt-In/Graduation Application

In compliance with Missouri HB1042, Missouri colleges and universities are participating in the Missouri Reverse Transfer statewide initiative which may enable you to earn an associate degree.

Name:	Date of Birth:		
(Please print your name as you wish it to appear on	your diploma.)		
Student ID# (4-year)	Last Fe	our Digits of SS#	
Home Phone:	Cell Phone:		
Mailing Address:			
Street	City	State	Zlp Code
Primary e-mail:	Secondary email: _		
Current 4-year institution attending:			
Previous institution(s) attended:			
Associate degree you are seeking:			
By completing this application, I authorize		(current 4-yea	r institution)
to release my official transcript* to		_ (previous 2-year in	stitution). I
agree to allow records and post any degree for which I qualify.			
awarded will be provided to my current 4-year i		r transcript - with my	/ degree
Student Signature:		Date:	
4-year RTC name:	Signature:		
2-year RTC name:	Signature:		

^{*} I understand that the institutional transcript release policy applies.