



# 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 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: \_\_\_\_\_