

REVERSE TRANSFER
Reverse Transfer Request Form
JACKSON COLLEGE
RECORDS AND REGISTRATION OFFICE
2111 EMMONS ROAD
JACKSON, MI 49201
JCREGISTRAR@JCCMI.EDU

Please print legibly, sign and then mail, fax, deliver in person, or scan and email as a PDF attachment to the above address.

 JC Student ID Number (not required) Birth date (mm/dd/yy)

 Last Name First Middle Former (If Applicable)

 Current Street Address email address

 City State Zip Telephone

 Last Term @ JC

Requests completed using this form will be sent automatically to:

Attention: Reverse Transfer Transcript Evaluation, Jackson College, 2111 Emmons Rd, Jackson, MI 49201.

FERPA Statement:

Under the Family Educational Rights and Privacy Act (FERPA) of 1974, updated January 2009, I understand that my educational records cannot be released without my written permission.

My signature below is agreement that:

- ✓ I understand the FERPA statement and agree to my student records being evaluated by JC for the purpose of credit evaluation to determine the awarding of an Associate Degree from JC.
- ✓ If applicable, an appropriate Associate Degree will be awarded based on my records, requirements of the degree, and credits toward degree. If I have completed the requirements of any degree program at JC I will be awarded the degree. In some cases the awarded Associate Degree may not be the degree I declared that I was pursuing while a student at JC.
- ✓ If it is appropriate to award an Associate Degree, my signature below gives permission to JC to award the degree and notify me of the results without further intervention on my part.

 Signature (must be signed by hand)

 Today's Date

OFFICE USE ONLY - REVERSE TRANSFER AGREEMENT:

DATE SUBMITTED _____

COPY TO JACKSON COLLEGE _____

TIME SUBMITTED _____

CHECKED FOR HOLDS _____

R&R STAFF INITIALS _____