

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 Four Digits of SS#			
Home Phone:	Cell Phone: _				
Mailing Address:					
Street	City		State	Zip Code	
Primary e-mail:	Secondary en	nail:			
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					
agree to allow					
records and post any degree for which I qualify.	I understand that	t a final trans	cript* with my	/ degree	
awarded will be provided to my current 4-year i	institution.				
Student Signature:		Date:			
4-year RTC name:	Signatu	ıre:			
2-year RTC name:	Signatu	ıre:			

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