

## **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 e	mail:
Current 4-year institution attending:		
Previous institution(s) attended:		
Associate degree you are seeking:		
By completing this application, I authorize (current 4-year institution) to release my official transcript* to (previous 2-year institution). I agree to allow (previous 2-year institution) to review my academic records and post any degree for which I qualify. I understand that a final transcript* with my degree awarded will be provided to my current 4-year institution.		
Student Signature:		Date:
4-year RTC name:	Signat	ure:
2-year RTC name:	Signat	ure:
* I understand that the institutional transcript release policy applies.		