

Reverse Transfer of Credit Application Release Form

Please return the completed, signed form to SIUE Transfer Center transfercoordinator@siue.edu

SIUE Student ID Number	Community College attended or transferred from	Birthday (mm/dd)	
Last Name	First Name	Middle Name	Former (If Applicable)
Current Address	City	State	Zip Code
Cell Phone Number	Alternate Phone Number	SIUE Email Address	Alternative Email Address

I intend to complete the following program of study (Check only one): _____ Associate in Arts (A.A.) _____ Associate in Science (A.S.)

If you answer yes to the following statements, you may be eligible:

- I have transferred a minimum of 15 transferrable hours to SIUE from an Illinois community college.
- I have earned a minimum of 60 transferrable credit hours from any previously attended postsecondary institution(s).
- I have not previously earned an Associate's degree from an Illinois community college.
- I am aware of the degree requirements to earn my Associate's and will complete the SIUE courses to satisfy those requirements.

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. I authorize the release of my academic records from SIUE to the community college identified, and the release of any additional academic records from the community college to SIUE, in order to share student data information between the two institutions without the violation of FERPA. I understand that I have the right to rescind this release agreement of my academic records at any time by submitting written notification to the Registrar's Office at Southern Illinois University Edwardsville.

I understand the FERPA statement and agree to my student records being shared between SIUE and the community college identified for the purpose of credit evaluation to determine the awarding of an Associate's Degree. This form also confirms my intention to graduate from the community college if/when I've met the Associate Degree requirements.

Student Signature (Required)

Date

A copy of this form will be mailed to the community college identified together with the requested official transcript from SIUE