



REVERSE TRANSFER APPLICATION

Eligibility to participate:

1. 60 college-level credits, of which at least 15 must be from BCCC.
2. Student has a GPA greater than or equal to 2.0 (at time of graduation).
3. Student has no outstanding financial obligations to BCCC.
4. Students agree to the exchange of educational data requests in compliance with Family Educational Rights and Privacy Act (FERPA) regulations.

Application Instructions: To participate in the Reverse Transfer Program, you need to complete the following steps:

1. Apply using the Reverse Transfer Application.
2. Return the Reverse Transfer Application to reversetransfer@bccc.edu or mail to:
BCCC Registrar's Office
2901 Liberty Heights Avenue
Baltimore, MD 21215.
3. Submit your official transcripts from previous schools attended. Official transcripts must be mailed in sealed envelopes to the above address or sent electronically through the National Student Clearinghouse, Parchment, or the ET Electronic Transcript Service sponsored by the University of Maryland.
4. Student will be notified via email if they qualify for the Reverse Transfer program. Students not eligible may still be eligible for general transfer and will be notified of their status.
5. Questions can be sent to reversestransfer@bccc.edu or you may call 410-462-7777.



Office Use Only Status: _____ Administrative Initials: _____ Date: _____
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This form is used to initiate the review of your college-level coursework to determine if you meet the requirements for an associate degree at BCCC. Please send all college transcripts, including Advanced Placement or CLEP scores to BCCC within two (2) weeks of submitting this form. This form serves as the consent for release of BCCC transcripts to your current four-year institution after degree confirmation.

Please type or print clearly.

First _____ **Middle** _____ **Last** _____

Indicate any other name you have used on your records: _____

Student ID: _____

Diploma Mailing Address:

Street Address _____ **City** _____ **State** _____ **Zip** _____

Phone: _____ Home Business Cell

E-mail Address: _____

Would you like us to update your BCCC records to reflect the address and phone numbers above? Yes No

Degree Major: _____

Transcripts to be evaluated (list all schools):

1. _____
2. _____
3. _____
4. _____

I allow BCCC to update my current address and contact information, if selected above. I request a review of my college transcripts toward the award of an associate degree at BCCC and consent to the release of my official BCCC transcripts to the institution designated above upon award of a degree.

Signature: _____

Date: _____