



REVERSE TRANSFER AGREEMENT
Transcript Request Form

EASTERN MICHIGAN UNIVERSITY
OFFICE OF RECORDS AND REGISTRATION
303 Pierce Hall, Ypsilanti, MI 48197
734.487.4111
FAX: 734.487.6808



Please print legibly, sign and then mail, fax, or deliver in person to the above address.

EMU Student ID Number Washtenaw Student ID Number Birth date (mm/dd/yy)

Last Name First Middle Former (If Applicable)

Current Street Address email address

City State Zip Telephone

Last Term @ EMU Last Term @ WCC

CHECK ONE:

- SEND TRANSCRIPT AS IS HOLD UNTIL END OF NEXT GRADING PERIOD

Requests completed using this form will be sent automatically to:

ATTN: Reverse Transfer Evaluation, Student Records Office, Washtenaw Community College, 4800 E. Huron River Dr., Ann Arbor, MI 48105-4800. Transcript fees will be waived. Transcripts will not be released for anyone with a financial hold at Eastern Michigan University.

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 Eastern Michigan University to Washtenaw Community College, and the release of any additional academic records from Washtenaw Community College to Eastern Michigan University, in order to share student data information between the two institutions without violating FERPA. I understand that I have the right to rescind this release agreement at any time by notifying the Office of Records & Registration at Eastern Michigan University and the Records Office at Washtenaw Community College.

My signature below is agreement that:

- I understand the FERPA statement and agree to my student records being shared between EMU and WCC for the purpose of credit evaluation to determine the awarding of an Associate Degree from WCC.
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 WCC 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 WCC.
If it is appropriate to award an Associate Degree, my signature below gives permission to WCC 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 WCC

TIME SUBMITTED

CHECKED FOR HOLDS

R&R STAFF INITIALS