



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



Print or download this form and then mail, fax, deliver in person, or email from your EMU email account to registrar@emich.edu

EMU Student ID Number WCCCD Student ID Number Birth date (m/dd/yyyy)

Last Name First Middle Former (If Applicable)

Current Street Address email address

City State Zip Telephone

Last Term @ EMU Last Term @ WCCCD

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, Brian Singleton, Vice Chancellor of Student Services, Wayne County Community College District, 801 W. Fort Street, Detroit, MI 48226. RE: Reverse Transfer. Transcript fees will be waived. Transcripts will not be issued 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 Wayne County Community College District, and the release of any additional academic records from WCCCD to EMU, 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 at any time by notifying the Office of Records and Registration at Eastern Michigan University and the Vice Chancellor of Student Services at Wayne County Community College District.

My signature below is agreement that:

- I understand the FERPA statement and agree to my student records being shared between EMU and WCCCD for the purpose of credit evaluation to determine the awarding of an Associate Degree from WCCCD.
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 WCCCD 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 WCCCD.
If it is appropriate to award an Associate Degree, my signature below gives permission to WCCCD to award the degree and notify me of the results without further intervention on my part.

Signature Date

OFFICE USE ONLY - REVERSE TRANSFER AGREEMENT:

DATE SUBMITTED COPY TO WAYNE COUNTY COMMUNITY COLLEGE DISTRICT
TIME SUBMITTED CHECKED FOR HOLDS R&R STAFF INITIALS
January 21, 2021