



# CONNECTICUT STATE COLLEGES & UNIVERSITIES

BOARD OF REGENTS FOR HIGHER EDUCATION

## Reverse Transfer & Graduation Application Request Form

Community College that you are applying to Graduate from: \_\_\_\_\_

Degree which I am applying for: A.S./ A. A. (circle one) in \_\_\_\_\_ (major)

\_\_\_\_\_  
Name (First,M.I.,Last.)

\_\_\_\_\_  
Name While Attending Comm. College (if different)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Daytime phone number

\_\_\_\_\_  
Comm. College Banner/Student ID no.

\_\_\_\_\_  
Last four digits of SSN#

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Birth Date

\_\_\_\_\_  
Name as you would like it spelled on the Diploma

Attending Commencement? Y / N

(Contact the college directly to find the date of the ceremony)

**Authorization:** I authorize the community college named above to review my transfer credits for application toward an associate's degree from that institution, providing that I meet all eligibility requirements.

My signature below is agreement that:

- I understand that I am requesting that upon receipt of my transcript, the community college named above will apply any and all credits toward a degree at that institution.
- If my total credits meet all of the requirements for the degree for which I am applying, I will be notified as such.
- If my total credits meet all of the requirements and indicate that it is more appropriate to award an associate degree other than the one indicated, such as A.S. in General Studies, I am giving my permission to award that degree instead of the degree indicated above, and I will be notified as such.
- If I am missing any of the degree requirements, the college will so notify me and let me know what requirements still need to be met.
- I acknowledge that by signing this application I give the selected college permission to print my name and academic major in the commencement brochure (if applicable), and to have my photo taken and possibly used as part of its publicity and marketing efforts.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**FOR CC REGISTRAR'S OFFICE USE ONLY:**

Date Submitted: \_\_\_\_\_ Audit Date: \_\_\_\_\_ Requirements Met: Y / N

Notes (if any): \_\_\_\_\_

Mail the completed form to the appropriate Registrar's Office address as indicated below:

1. Asnuntuck Community College  
Attn: Registrar, 170 Elm Street, Enfield, CT 06082
2. Capital Community College  
Attn: Registrar, 950 Main Street, Hartford, CT 06103
3. Gateway Community College  
Attn: Registrar, 20 Church Street, New Haven, CT 06510
4. Housatonic Community College  
Attn: Registrar, 900 Lafayette Blvd., Bridgeport Ct. 06604
5. Quinebaug Valley Community College  
Attn: Registrar, QVCC, 742 Upper Maple Street, Danielson, CT 06239
6. Manchester Community College  
Attn: Registrar, MCC, Great Path, Manchester, CT 06040
7. Middlesex Community College  
Attn: Registrar, 100 Training Hill Rd, Middletown, CT 06457
8. Naugatuck Valley Community College  
Attn: Registrar, 750 Chase Parkway, Waterbury, CT 06708
9. Northwestern Connecticut Community College  
ATTN: Registrar's Office, Park Place East, Winsted, CT 06098
10. Norwalk Community College  
Attention: Registrar, 188 Richards Avenue, Norwalk, CT 06854
11. Three Rivers Community College  
Attn: Registrar, 574 New London Tpke, Norwich, CT 06360
12. Tunxis Community College  
Attn: Registrar, 271 Scott Swamp Rd, Farmington CT 06032