



MONROE COUNTY
COMMUNITY COLLEGE

Office of the Registrar

1555 S. Raisinville Road, Monroe, MI 48161 Phone: (734) 384-4108 Fax: (734) 384-4170

Reverse Transfer Application for Degree

Name _____
(Print Clearly-This is the name on your Diploma)

STUDENT ID/SSN _____

Address _____
City _____ State _____ Zip _____

Daytime Phone _____
Personal E-mail _____

Degree Applying for:

- ☐ Associate of Arts Degree
☐ Associate of Science Degree
☐ Associate of Applied Science Degree
☐ Associate of Fine Arts Degree

Today's Date: _____

Year of Catalog Used: _____
(Must be within the last 10 years and a year you attended)

SEMESTER and YEAR in which you expect to complete degree requirements:

Please list any previous colleges you will be requesting official transcripts from. _____

☐ _____

Program Designation (if applicable) _____

DO NOT WRITE BELOW THIS LINE

SACP, SGRD & Sent:

Program Code: _____

Remaining Requirements:

General Education Requirements

- _____ Total MCCC Credits
(Minimum 20)
- _____ Current Enrollment
- _____ Transfer Credits
(Maximum of 40 credits)
- _____ Total Projected Credits
(60 credits required)
- _____ Cum GPA- 2.000 required
- _____ C1-Natural Science
- _____ C2-Mathematics
- _____ C3-GE Writing
- _____ C4-GE Computer Literacy
- _____ C5-GE Human Experience
- _____ C6-GE Social Systems

Currently enrolled classes:

Note: This audit assumes satisfactory completion of all courses in progress and required in the future.

Audited By: _____ Date: _____

Final Audit Use Only

Degree Awarded _____
Total Earned Credits _____
Final Grade Point Average _____
Honors _____
MACRAO Agreement _____

Approved for Degree _____
Degree Date _____
Degree Recorded _____
Diploma Mailed _____

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