



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	_____	Approved for Degree	_____
Total Earned Credits	_____	Degree Date	_____
Final Grade Point Average	_____	Degree Recorded	_____
Honors	_____	Diploma Mailed	_____
MACRAO Agreement	_____		