



REVERSE TRANSFER AGREEMENT
UNIVERSITY OF MICHIGAN-FLINT and ST. CLAIR COUNTY COMMUNITY COLLEGE
OFFICE OF THE REGISTRAR
266 University Pavilion
Flint, MI 48502
(810) 762-3344 FAX (810) 762-3346



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

UM-Flint Student ID Number		Community College Student Number		Birth date (mm/dd/yy)
Last Name	First	Middle	Former (If Applicable) @umflint.edu	
Current Street Address			Uniqname	
City	State	Zip	Telephone	

Requests completed using this form will be sent automatically to ST CLAIR COUNTY COMMUNITY COLLEGE

FERPA Statement:

The Family Rights and Privacy Act (FERPA) of 1974, protects the privacy of student educational records, including transcripts, by placing certain restrictions on the disclosure of that information. As a result, your written authorization is required in order for the University of Michigan-Flint to release your educational records to facilitate the reverse transfer credit agreement with St. Clair County Community College.

I authorize the release of my academic records to **St. Clair County Community College** and the release of academic records maintained by St. Clair County Community College to UM-Flint without prior notice and for the purpose of credit evaluation to determine the awarding of an associate's degree or other credential of value from St. Clair County Community College. This authorization will remain in effect for one-year from the date of the authorization below unless revoked in writing. I understand that I have the right to rescind this at any time by notifying the Office of the Registrar at the University of Michigan-Flint in writing of my decision. I understand that such revocation will not affect any disclosures previously made before receipt of any such written revocation.

My signature below is agreement that:

- ✓ I understand the FERPA statement and agree to my student records being shared between UM-Flint and St. Clair County Community College for the purpose of credit evaluation to determine the awarding of an Associate Degree from St. Clair County Community College.
- ✓ If applicable, an appropriate Associate Degree will be awarded based on my records, requirements of the degree, and credits toward degree. The awarded Associate Degree may not be the degree I was pursuing while a student at St. Clair County Community College.
- ✓ If it is appropriate to award an Associate Degree, my signature below gives permission to St. Clair County Community College to award the degree and notify me of the results without further intervention on my part.
- ✓ Please note that if you were to return to SC4 to pursue another degree, there may be financial aid implications due to the number of credit hours attempted.

Signature

Today's Date

OFFICE USE ONLY – REVERSE TRANSFER AGREEMENT:
 CHECKED FOR HOLDS _____ STAFF INITIALS _____