

Reverse Transfer Enrollment Agreement

UNIVERSITY of SAINT MARY

Student Information

First Name: _____

Last Name: _____

Student ID #: _____

Primary Email Address: _____

Most Recent Community College Attended (Check One):

- Allen County Community College
- Barton Community College
- Butler Community College
- Cloud County Community College
- Coffeyville Community College
- Colby Community College
- Cowley College
- Dodge City Community College
- Donnelly College
- Fort Scott Community College
- Garden City Community College
- Hesston College
- Highland Community College
- Hutchison Community College
- Independence Community College
- Johnson County Community College
- Kansas City Kansas Community College
- Labette Community College
- Neosho County Community College
- Pratt Community College
- Seward County Community College

I, _____, agree to participate in the reverse transfer program offered by the University of Saint Mary (USM). I understand that my agreement to participate includes authorization to USM to submit my academic transcript in printed and/or electronic form to the appropriate Kansas community college or 2-year non-profit college upon completion of 60 cumulative credit hours. I understand that I have the right to inspect any academic transcript released pursuant to this Consent form. I further understand that I may revoke this Consent upon providing written notice to the USM Office of the Registrar. I further understand that until such revocation is made and received by Registrar's Office, this Consent shall remain in effect either until 45 days after the completion of my undergraduate degree program at USM or until my official withdrawal from USM per its relevant academic policies.

Signature: _____

Date: _____