INTENT TO REVERSE CREDIT TRANSFER FORM



HAWKEYE COMMUNITY COLLEGE Registrar's Office

ADDRESS: P.O. BOX 8015, Waterloo, IA 50704 PHONE: 319-296-2320 or 1-800-670-4743 ext. 1209 FAX: 319-296-1609 EMAIL: carrie.lalk@hawkeyecollege.edu WEBSITE: www.hawkeyecollege.edu > Academics> Academic Records > Transferring Credits to Hawkeye > Reverse Credit Transfer

PREFERRED DIPLOMA NAME*

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General Information (Please print)	LAST*	FIRST*	MIDDLE*	STUDENT ID OR LAST 4 SSN		
	DIPLOMA MAILING ADDRESS*					
	CITY/TOWN* PROVINCE/STATE*					
	COUNTRY* (IF OUTSIDE USA)		POSTAL/ZIP CODE*			
	() PRIMARY PHONE	EMAIL				
Degree/ Major	I expect to graduate from Hawkeye with the following degree/major:					
Receiving	Include all relevant information, e.g., certificate, diploma, AAA, AAS, AA or AS/Practical Nursing, Associate Degree Nursing, Liberal Arts.					
Academic Progress (Please check Appropriate box)	I have successfully completed, and received final grades, for all of the remaining program requirements at another institution. I have sent my transcript to the Admission's Office.					
	□ I have completed, but have not received final grades, for all of the remaining program requirements at another institution. I <i>will</i> send my transcript to the Admission's Office.					
	I am currently and/or will be completing the remaining program requirements at another institution. I will send my transcript to the Admission's Office once I've received final grades.					
Note: Graduation Applications created based on this intent form are removed one month after the end of the term if the Admission's Office has not received your transcript.	$\hfill\square$ I opted into the Reverse Credit Transfer Program on my Admissions application at either UNI, ISU or the U of I.					
	List the course(s) you plan to reverse credit transfer back to Hawkeye, including Institution and completion date. Please use an additional sheet if necessary.					
	Course (ex. ENG-10	05) Institu	tion Ei	nd Date of Class (ex. 7/27/22)		
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Signature_

Date	//	/
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